


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005019 1. Entity Name BUENA SOMBRA INSURANCE AGENCY, INC.	
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Principal Place of Business 520 PARK AVENUE BALTIMORE, MD 21201	Mailing Address 20 MOORES ROAD FRAZER, PA 19355 US
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1489645	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, EDWARD H III 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, MICHAEL 520 PARK AVE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRIAN 20 MOORES RD. FRAZER, PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REKOSKI, DAVID G 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATCHFORD, PAUL C 520 PARK AVENUE BALTIMORE, MD 21201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCONNELL, MARTHA A 520 PARK AVENUE BALTIMORE, MD 21201

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01/21/05-00018-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Brian A. Smith 1/10/05 610-648-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #