2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32518

Entity Name: BANNER FINANCIAL GROUP, INC

FILED Feb 27, 2009 Secretary of State

| • | | | | | |
|---|---|--|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place o | New Principal Place of Business: | |
| | MODORE DR | | | | |
| 507 SEMINOLE | E, FL 33776 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 13799 PARK BLVD N #113 SEMINOLE, FL 33776 US | | 9000 COMMODORE DI 507 SEMINOLE, FL 33776 | | | |
| FEI Number: | 59-2981030 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| SEMINOLE The above | MDORE DRIV E, FL 33776 | US | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (X WAGMAN, RON 9000 COMMOD SEMINOLE, FL | OORE DR #507 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | PST () WAGMAN, MAR 9000 COMMOD SEMINOLE, FL | OORE DR #507 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: | D () JEFFERY C W |) Delete AGMAN, | Title: (Name: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARY R. WAGMAN PRES 02/27/2009

9000 COMMODORE DR #507

SEMINOLE, FL 33776

Address: City-St-Zip: