2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016805

FILED May 01, 2007 Secretary of State

Entity Nam	ne: BAYVIEW	INSURANCE AGENCY, INC.			
Current Principal Place of Business:			New Principal Place	e of Business:	
2136 GULF SUITE 7 SARASOTA	GATE DRIVE A, FL 34231				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2136 GULF SUITE 7 SARASOTA	GATE DRIVE A, FL 34231				
FEI Number:	65-0885485	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name a				of New Registered Agent:	
WALLACK, MICHAEL M ESQ. 1819 MAIN STREET SUITE 1100 SARASOTA, FL 34236 US			100 WALLÂCE AVEN SUITE 333	WALLACK, MICHAEL M ESQ. 100 WALLACE AVENUE SUITE 333 SARASOTA, FL 342373 US	
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.					
SIGNATURE: MICHAEL M. WALLACK, ESQ.				05/01/2007	
Electronic Signature of Registered Agent			t	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E WALLACK, RENI 7510 MIDNIGHT SARASOTA, FL	PASS ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () E WALLACK, RENI 7510 MIDNIGHT SARASOTA, FL	PASS ROAD	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: RENITA WALLACK PD 05/01/2007