2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060393

Entity Name: BISCAYNE INSURANCE GROUP, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

311 NE 8TH STREET
SUITE 109
HOMESTEAD, FL 33030
201 N. KROME AVENUE
SUITE 201-C
HOMESTEAD, FL 33030
HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

 311 NE 8TH STREET
 201 N. KROME AVENUE

 SUITE 109
 SUITE 201-C

 HOMESTEAD, FL 33030
 HOMESTEAD, FL 33030

FEI Number: 75-3117360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCWHORTER, JOHN V
311 NE 8TH STREET
201 N. KROME AVENUE
SUITE 109
SUITE 201-C
HOMESTEAD, FL 33030 US
HOMESTEAD, FL 33030 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: 04/25/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition

 Name:
 MCWHORTER, JOHN V
 Name:

 Address:
 961 ORIOLE AVENUE
 Address:

 City-St-Zip:
 MIAMI SPRINGS, FL 33166
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN V. MCWHORTER PRES 04/25/2005