

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124189

FILED
Jan 27, 2006
Secretary of State

Entity Name: BANKERS ALLIANCE INSURANCE GROUP, INC.

Current Principal Place of Business:

201 S. 2ND ST.
SUITE 115
FORT PIERCE, FL 34950 US

Current Mailing Address:

201 S. 2ND ST.
SUITE 115
FORT PIERCE, FL 34950 US

FEI Number: 56-2536975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

201 S. 2ND ST.
SUITE 105
FORT PIERCE, FL 34950 US

New Mailing Address:

201 S. 2ND ST.
SUITE 105
FORT PIERCE, FL 34950 US

Name and Address of Current Registered Agent:

OLDFIELD, RICHARD J
201 S. 2ND ST.
SUITE 115
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

RAGSDALE, JAMES
201 S. 2ND ST.
SUITE 105
FORT PIERCE, FL 34950 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: JAMES RAGSDALE

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLDFIELD, RICHARD
Address: 201 S. 2ND ST., SUITE 115
City-St-Zip: FORT PIERCE, FL 34950

Title: VP () Delete
Name: RAGSDALE, JAMES
Address: 201 S. 2ND ST., SUITE 115
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAGSDALE, JAMES
Address: 201 S. 2ND ST., SUITE 105
City-St-Zip: FORT PIERCE, FL 34950

Title: VP (X) Change () Addition
Name: ROBERTS, DONNA L
Address: 201 S. 2ND ST., SUITE 105
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES RAGSDALE

P

01/27/2006

Electronic Signature of Signing Officer or Director

Date