

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124189

FILED
Apr 06, 2009
Secretary of State

Entity Name: BANKERS ALLIANCE INSURANCE GROUP, INC.

Current Principal Place of Business:

201 S. 2ND ST.
SUITE 205
FORT PIERCE, FL 34950 US

New Principal Place of Business:

10655 S. US HIGHWAY 1
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

201 S. 2ND ST.
SUITE 205
FORT PIERCE, FL 34950 US

New Mailing Address:

10655 S. US HIGHWAY 1
PORT ST LUCIE, FL 34952 US

FEI Number: 56-2536975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAGSDALE, JAMES
201 S. 2ND ST.
SUITE 205
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

SMITH, YVONNE E
10655 S. US HIGHWAY 1
PORT ST LUCIE, FL 34952 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: YVONNE E. SMITH

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAGSDALE, JAMES
Address: 201 S. 2ND ST., SUITE 205
City-St-Zip: FORT PIERCE, FL 34950

Title: VP (X) Delete
Name: SMITH, YVONNE E
Address: 201 S. 2ND ST., SUITE 205
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, YVONNE E
Address: 10655 S. US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YVONNE E. SMITH

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date