2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158313

Entity Name: MAX VALUE INSURANCE GROUP INC.

FILED Jul 10, 2007 Secretary of State

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

9210 SW 73 AVE 9210 SW 73RD RD PH STE PINECREST, FL 33156 MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

9210 SW 73 AVE 9210 SW 73RD RD MIAMI, FL 33156 9210 SW 73RD RD PINECREST, FL 33156

FEI Number: 20-3894824 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:

PINO, MARIO PINO, MARIO W P
9210 SW 73 AVE, PENTHOUSE SUITE 9210 SW 73RD RD,
MIAMI, FL 33156 US PINECREST, FL 33156 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: MARIO W PINO 07/10/2007

Electronic Signature of Registered Agent 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 ().

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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PINO, MARIO
 Name:
 PINO, MARIO W

 Address:
 9210 SW 73 AVE, PENTHOUSE SUITE
 Address:
 9210 SW 73RD RD,

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 PINECREST, FL 33156

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 PINO, ROGELIO F VP

 Address:
 Address:
 9210 SW 73RD RD

 City-St-Zip:
 City-St-Zip:
 PINECREST, FL 33156

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: MARIO W PINO P 07/10/2007