2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096108

Entity Name: BUSH INSURANCE GROUP, INC

FILED Apr 30, 2009 Secretary of State

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

1892 ABBEY RD 4480 10TH AVE N

E LAKE WORTH, FL 33461

WEST PALM BEACH, FL 33415

Current Mailing Address: New Mailing Address:

1892 ABBEY RD 4480 10TH AVE N

E LAKE WORTH, FL 33461

WEST PALM BEACH, FL 33415

FEI Number: 26-3557979 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:

WYNN, CLAY

1892 ABBEY RD

E

BUCHILLON TORRES, ADIEL

4480 10TH AVE N

LAKE WORTH, FL 33461 US

WEST PALM BEACH, FL 33415 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: ADIEL BUCHILLON TORRES 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name:BUCHILLON, ADIELName:BUCHILLON TORRES, ADIELAddress:1892 ABBEY RD #EAddress:4480 10TH AVE N

City-St-Zip: WEST PALM BEACH, FL 33415 US City-St-Zip: LAKE WORTH, FL 33461 US

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

Name: BUCHILLON, ARELYS Name: MARTINEZ BUCHILLON, ARELYS
Address: 1892 ABBEY RD #E Address: 4480 10TH AVE N

Address: 1892 ABBEY RD #E Address: 4480 101H AVE N
City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: LAKE WORTH, FL 33461

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: ADIEL BUCHILLON TORRES P 04/30/2009