2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2012
Secretary of State

DOCUMENT# P10000083349

Entity Name: BILINGUAL INSURANCE GROUP INC.

Current Principal Place of Business:

2558 US HWY 17-92 N
SUITE K
HAINES CITY, FL 33844 US

New Principal Place of Business:

260 ROSE PETAL PL
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

PO BOX 420807
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 27-3679549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTIN, ROSAANA
2558 US HWY 17-92 N
SUITE K
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

VALENTIN, ROSAANA
260 ROSE PETAL PL
ALTAMONTE SPRINGS, FL 32701 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: ROSAANA VALENTIN 03/22/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: VALENTIN, ROSAANA
Address: PO BOX 420807
City-St-Zip: KISSIMMEE, FL 34742

I hereby 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 all other like empowered.

SIGNATURE: ROSAANA VALENTIN PRES 03/22/2012
Electronic Signature of Signing Officer or Director Date