2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Secretary of State 01-10-2005 90024 023 ***150.00 **DOCUMENT # P94000090719** LONDON INSURANCE GROUP INC. 40000128 Principal Place of Business # 13500 SW 88 ST #287A 287 Mailing Address PO BOX 960277 MIAMI, FL 33296-0277 MIAMI, FL 33186 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0547123 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAZ. LUIS 13500 SW 88 STREET #287A MIAMI, FL 33186 33/83 City Mr Ami 8. The above named entity submits this exercise that purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. 63 SIGNATURE red agent and tide if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSD Deloic TITLE DIAZ. LUIS MARIE 13500 SW 88 STREET #287A #2 8 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP VTD Z Dolate TITLE DIAZ, LUIS NAME 5W 88st. #287 MAME 13500 SW 88 STREET #287A 287 STREET ADDRESS STREET AOORESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Dulete TITLE TITLE ☐ Chance ☐ Addition HAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an artischment with paradidress, with all other like empowered.

FILED

Jan 10, 2005 8:00 am