2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# P96000044604

Entity Name: LAY INSURANCE GROUP, INC.

Current Principal Place of Business:

9764 GARDEN EAST DR
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

9770 GARDEN EAST DR
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

16591 74TH AVENUE NORTH
WEST PALM BEACH, FL 33418

New Mailing Address:

FEI Number: 65-0667045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAY, MAUREEN A VP
16591 74TH AVENUE NORTH
WEST PALM BEACH, FL 33418 US

Name and Address of New Registered Agent:

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: _____

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 ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LAY, THOMAS P
Address: 9764 GARDEN EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VTD ( ) Delete
Name: LAY, MAUREEN A
Address: 9764 GARDEN EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LAY, THOMAS P
Address: 9770 GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VTD (X) Change ( ) Addition
Name: LAY, MAUREEN A
Address: 9770 GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MAUREEN LAY VP 09/22/2009

Electronic Signature of Signing Officer or Director Date