

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005737

FILED
Apr 16, 2009
Secretary of State

Entity Name: O'CONNOR INSURANCE GROUP INC.

Current Principal Place of Business:

7124 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406 US

New Principal Place of Business:

942 TROPIC BLVD.
DELRAY BEACH, FL 33483 US

Current Mailing Address:

7124 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406 US

New Mailing Address:

942 TROPIC BLVD.
DELRAY BEACH, FL 33483 US

FEI Number: 65-0720077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, MARK J
7124 WEST LAKE DRIVE
LAKE CLARKE SHORES, FL 33406 US

Name and Address of New Registered Agent:

O'CONNOR, MARK J
942 TROPIC BLVD.
DELRAY BEACH, FL 33483 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: O'CONNOR, MARK J
Address: 7124 WEST LAKE DRIVE
City-St-Zip: LAKE CLARKE SHORES, FL 33406 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: O'CONNOR, MARK J
Address: 942 TROPIC BLVD.
City-St-Zip: DELRAY BEACH, FL 33483 US

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: MARK J O'CONNOR

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date