2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59689

FILED Apr 23, 2008 Secretary of State

Entity Name: BIE INSURANCE AGENCY, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
13 US H\ TE 102	WY 1 BCH, FL 33408 US	
	failing Address:	New Mailing Address:
unciit ii	idining Address.	new maining Address.
13 U.S. F UITE 102 . PALM E		513 US HWY 1 STE 102 N. PALM BCH, FL 33408 US
El Number	: 65-0272356 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
ame and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
ORTH P	CHORAGE DR ALM BCH, FL 33408 US and an analysis in analysis in an analysis in analysis in analysis in analysis in an analysis	or the purpose of changing its registered office or registered agent, or both,
ORTH P	ALM BCH, FL 33408 US	or the purpose of changing its registered office or registered agent, or both,
ORTH P ne above the State	ALM BCH, FL 33408 US e named entity submits this statement for e of Florida. RE:	
ORTH P ne above the State GNATU	ALM BCH, FL 33408 US e named entity submits this statement for e of Florida.	red Agent Date
ORTH P he above the State IGNATU	ALM BCH, FL 33408 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register	•
ORTH P he above the State IGNATU	PALM BCH, FL 33408 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Register mpaign Financing Trust Fund Contribution (red Agent Date).
ORTH P ne above the State GNATUI ection Car FFICER le: le: lme: ldress:	e named entity submits this statement for e of Florida. RE: Electronic Signature of Register mpaign Financing Trust Fund Contribution (S AND DIRECTORS: DP () Delete BIE, ANN L., 133 S ANCHORAGE DR	red Agent Date). ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: ANN L. BIE DP 04/23/2008