

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031639

FILED
Mar 26, 2006
Secretary of State

Entity Name: INSIGHT RISK TECHNOLOGIES, LLC

Current Principal Place of Business:

792 BANKS ROAD
COCONUT CREEK, FL 32063

New Principal Place of Business:

722 MIKASUKI DRIVE
LAKE LAND, FL 33813

Current Mailing Address:

792 BANKS ROAD
COCONUT CREEK, FL 32063

New Mailing Address:

P.O. BOX 6466
LAKE LAND, FL 338076466 US

FEI Number: 20-3019084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUTTON, LAURA
792 BANKS ROAD
COCONUT CREEK, FL 32063 US

Name and Address of New Registered Agent:

MOYANO, ALBERTO R MGRM
724 MIKASUKI DRIVE
LAKE LAND, FL 33813 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: ALBERTO R. MOYANO

03/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUTTON, LAURA
Address: 792 BANKS ROAD
City-St-Zip: COCONUT CREEK, FL 32063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUTTON, LAURA
Address: 724 MIKASUKI DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: MGRM () Change (X) Addition
Name: MOYANO, ALBERTO R
Address: 724 MIKASUKI DRIVE
City-St-Zip: LAKE LAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERTO R. MOYANO

MGRM

03/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date