2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90249 012 ***150.00

DOCUMENT # P04000025643

1. Entity Name
RISK FACTOR, INC.

Principal Place of Business	Mailing Address
302 MAPLECREST DR JUPITER, FL 33458	302 MAPLECREST DR JUPITER, FL 33458

20040089

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1467 S.E. Legacy Cove Cir	1467 S.E. Legacy Cove Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Stuart FL	Stuart FL
City & State	City & State
34997 Martin	34997 MARTIN
Zip / Country	Zip / Country

4. FEI Number: 13-4273 863 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOOSIE, CATHERINE F 302 MAPLECREST DR JUPITER, FL 33458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine F Goosie — April 18, 05 — 772-288-4953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #