## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000025643

Entity Name: RISK FACTOR, INC.

FILED Apr 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1467 SE LEGORY COVE CIR 1467 SE LEGACY COVE CIR

STUART, FL 34997 STUART, FL 34997

**Current Mailing Address: New Mailing Address:** 

1467 SE LEGORY COVE CIR 1467 SE LEGACY COVE CIR

STUART, FL 34997 STUART, FL 34997

FEI Number: 13-4273863 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: (X) Change ( ) Addition GOOSIE, CATHERINE F GOOSIE, CATHERINE F Name: Name: 302 MAPLECREST DR 1467 S.E. LEGACY COVE CIR. Address: Address: City-St-Zip: JUPITER, FL 33458

City-St-Zip: STUART, FL 34997

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 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: CATHERINE F. GOOSIE **PSTD** 04/11/2006