2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# P07000019892

Entity Name: GULFSHORE RISK SOLUTIONS, INC.

Current Principal Place of Business:

4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVEMEIER, BRAD
4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAVEMEIER, BRAD
Address: 4100 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: HAVEMEIER, GREG
Address: 4100 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete
Name: MILLER, KEITH
Address: 4100 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Delete
Name: GLEESON, MICHELLE
Address: 4100 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GLEESON, MICHELLE
Address: 4100 GOODLETTE RD N STE 100
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELLE GLEESON VP 03/20/2008

Electronic Signature of Signing Officer or Director — Date