

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005014

FILED
Apr 10, 2008
Secretary of State

Entity Name: PROFESSIONAL RISK BROKERS, INC.

Current Principal Place of Business:

8510 MCALPINE PARK DRIVE, SUITE 114
CHARLOTTE, NC 28211

New Principal Place of Business:

Current Mailing Address:

8510 MCALPINE PARK DRIVE, SUITE 114
CHARLOTTE, NC 28211

New Mailing Address:

FEI Number: 31-1293064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: GRUBER, GARY J
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: DS () Delete
Name: HOLLEY HORRELL, KAREN
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: SMITH, THOMAS E
Address: 725 S. FIGUEROA STREET
City-St-Zip: LOS ANGELES, CA 90017

Title: DC () Delete
Name: LARSON, DONALD D
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: P () Delete
Name: ROBERTS, HERMAN C JR.
Address: 8510 MCALPINE PARK DRIVE, SUITE 114
City-St-Zip: CHARLOTTE, NC 28211

Title: AT () Delete
Name: MISCHELL, THOMAS E
Address: ONE EAST FOURTH ST, 8TH FLOOR
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: THOMAS E. MISCHELL

AT

04/10/2008

Electronic Signature of Signing Officer or Director

Date