2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236543

PORT FILED Jan 07, 2009 Secretary of State

Entity Name: ALL RISK MANAGEMENT INSURANCE SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 2426 E ROBINSON ST 2426 E ROBINSON ST P.O. BOX 531064 ORLANDO, FL 32803 US ORLANDO, FL 328531064 US **Current Mailing Address: New Mailing Address:** 2426 E ROBINSON ST 2426 E ROBINSON ST P.O. BOX 531064 ORLANDO, FL 32803 US ORLANDO, FL 328531064 US FEI Number: 59-0901351 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: STAHL, JEFFREY G 2426 E ROBINSON ST ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition STAHL, JEFFERY G Name: Name: 2503 DRIFTWOOD DRIVE Address: Address: City-St-Zip: FERN PARK, FL 32730 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: STAHL, LOWELL J Name: 1135 LAMAR AVE Address: Address: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STAHL, DENISE C Name: Name: 1135 LAMAR AVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: Title: () Delete Title: () Change () Addition STAHL, SHEILA C Name: Name: Address: 2503 DRIFTWOOD DR Address: City-St-Zip: FERN PARK, FL 32730 US 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: JEFFREY G. STAHL PRES 01/07/2009