2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 616873

Entity Name: FLORIDA RISK SPECIALISTS, INC.

FILED May 17, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 NORTH SUITE 1840 TAMPA, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
70 PINE ST ATTN E M NEW YORK		US			
FEI Number:	59-1910246	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:					
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301 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	İ	Date	
Election Cam	paign Financing 1	2)(b), F.S., the corporation did not r Trust Fund Contribution().		ES TO OFFICERS AND DIRECTORS	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () D TUCK, ELIZABET 70 PINE ST NEW YORK, NY	elete H M	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () D BENSINGER, STE 70 PINE STREET NEW YORK, NY	EVEN J	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D KELLEY, KEVIN H 100 SUMMER ST BOSTON, MA 02	+	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOD () D KELLY, SHAUN 100 SUMMER ST BOSTON, MA 02	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () D EASTWOOD, PE ⁻ 100 SUMMER ST BOSTON, MA 02		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () D ANSELMO, NICHO 100 SUMMER ST BOSTON, MA 02	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ELIZABETH M. TUCK S 05/17/2006