2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694576

Entity Name: ROSS RISK MANAGEMENT, INC.

FILED Jan 23, 2005 Secretary of State

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

31723 MONTANA CT.

MAGNOLIA, TX 77354 US

31723 MONTANO COURT

MAGNOLIA, TX 77354 US

MAGNOLIA, TX 77354 US

Current Mailing Address: New Mailing Address:

31723 MONTANA CT.

MAGNOLIA, TX 77354 US

31723 MONTANO COURT
MAGNOLIA, TX 77354 US

FEI Number: 59-2132338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ALFORD, RICHARD L 1700 MCMULLEN BOOTH RD C-4 CLEARWATER, FL 33759 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: PSTM () Delete Title: PSTM (X) Change () Addition

 Name:
 ROSS, KARALEE L,
 Name:
 ROSS, KARALEE L

 Address:
 6717 MILLSTONE DR
 Address:
 31723 MONTANO CT

 City-St-Zip:
 NEW PORT RICHEY, FL 346555512 US
 City-St-Zip:
 MAGNOLIA, TX 77354 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARALEE L ROSS PSTM 01/23/2005