## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000001250

Entity Name: ACS RISK CONSULTING, INC.

FILED Apr 14, 2009 Secretary of State

Current Dringing Blood of Business				Nov Prima	New Principal Place of Business		
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
2295 S HIA SUITE 408	WASSEE F	ROAD					
ORLANDO, FL 32835 US							
Current Mailing Address:				New Mailir	New Mailing Address:		
2295 S HIAN SUITE 408	WASSEE ROAD						
ORLANDO,	, FL 32835 US						
FEI Number: 59-3693221		FEI Numb	FEI Number Applied For ( ) FEI Num		icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Na					ame and Address of New Registered Agent:		
BELGRAM, 12843 BUTI WINDERME	LER BAY C						
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.							
SIGNATUR	E:						
Electronic Signature of Registered Agent				t	Date		
Election Cam	paign Financ	ing Trust Fund	Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BELGRAM, 0 12843 BUTL			Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	BELGRAM, \ 12843 BUTL			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HICKEY, RO 515 VIA DEL		32714	Title: Name: Address: City-St-Zip:	BELGRAM, E 1650 PORTO	(X) Change () Addition BLAKE CASTLE CIRCLE RDEN, FL 34768	
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	BELGRAM, 0	TERING PINE DRIVE	

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: WENZEL BELGRAM S 04/14/2009