

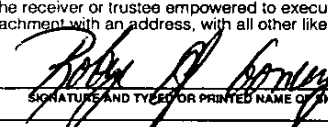


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 015 ***550.00

DOCUMENT # F03000003009 1. Entity Name CITIGROUP RISK BROKERS INC.					
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013			Mailing Address 388 GREENWICH STREET TAX DEPT. - 22ND FLOOR NEW YORK, NY 10013		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address 3800 Citigroup Center Dr Suite, Apt. #, etc 92-18 Tampa, FL 33610		50020036 	
City & State		City & State Tampa, FL		4. FEI Number 02-0692912	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FELDMAN, ANDREW 388 GREENWICH ST. NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary Robyn Gorkle 3800 Citigroup Center Dr. Tampa, FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOVRIN, DAVID 388 GREENWICH STREET NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLHOLLAND, JOHN F 388 GREENWICH STREET NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CONAHAN, JAMES 388 GREENWICH STREET NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEM, ELLIOT 388 GREENWICH STREET. NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RADKE, SCOTT 388 GREENWICH STREET NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		