

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003364

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL RISK AND ASSET MANAGEMENT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

711 E. IMPERIAL HWY., #100  
BREA, CA 92821

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9758  
BREA, CA 92822

**New Mailing Address:**

**FEI Number:** 33-0367265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: INTRAVIA, SCOTT  
Address: 2023 RIDGE ROAD, SUITE 2SW  
City-St-Zip: HOMEWOOD, IL 60430

Title: CEO  
Name: WILSON, DAVID P  
Address: 711 E. IMPERIAL HWY., #100  
City-St-Zip: BREA, CA 92821

Title: SD  
Name: COLLIER, LISA M  
Address: 12193 S. PETTERSENBLUFF DR  
City-St-Zip: RIVERTON, UT 84065

Title: T  
Name: BRIDGES, AUDREY L  
Address: 711 E. IMPERIAL HWY., #100  
City-St-Zip: BREA, CA 92821

I hereby 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 all other like empowered.

SIGNATURE: DAVID P WILSON

CEO

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date