


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 030 \*\*\*150.00

<b>DOCUMENT # F05000003677</b>	
1. Entity Name <b>TRANSURANCE RISK RETENTION GROUP, INC.</b>	

Principal Place of Business <b>2999 NORTH 44TH STREET, SUITE 250 PHOENIX, AZ 85018</b>	Mailing Address <b>C/O RISK SERVICES 1501 WILSON BOULEVARD, STE 1110 ARLINGTON, VA 22209</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03302007    Chg-P    CR2E034 (12/06)

4. FEI Number <b>90-0114275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROGERS, MICHAEL T 1800 SECOND STREET, STE 909 SARASOTA, FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PCD SALMON, JAMES G 7680 UNIVERSITY BOULEVARD, SUITE 650 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	PCD SALMON, JAMES G. 7680 UNIVERSAL BOULEVARD, SUITE 650 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ROGERS, MICHAEL T 1800 SECOND STREET, SUITE 909 SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VTD ROGERS, MICHAEL T. 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S LOW, J. MICHAEL ESQ 2999 NORTH 44TH STREET, SUITE 250 PHOENIX, AZ 85018 <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	TVCD SHAFFER, PAUL W 7680 UNIVERISTY BOULEVARD, SUITE 650 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CARR, RICHARD 7680 UNIVERSAL BOULEVARD, SUITE 650 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D STEWART, GARY A 6070 COLLETT ROAD FARMINGTON, NY 14469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D COOK, GREGORY 1800 SECOND STREET, SUITE 909 SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	AS ROSS, HEATHER 1501 WILSON BLVD., SUITE 1110 ARLINGTON, VA 22209 <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: Michael Rogers April 3, 2007 941-955-0793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #