## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90014 008 \*\*\*150.00 DOCUMENT # F05000003677 TRANSURANCE RISK RETENTION GROUP, INC. 400000 Principal Place of Business Mailing Address 2999 NORTH 44TH STREET, SUITE 250 C/O RISK SERVICES 1501 WILSON BOULEVARD, STE 1110 PHOENIX, AZ 85018 ARLINGTON, VA 22209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O RISK SERVICES 1800 SECOND STREET Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04012008 Chg-P 909 Applied For City & State 4. FEI Number City & State SARASOTA, FL 90-0114275 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA 34236 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERS, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET, STE 909 SARASOTA, FL 34236 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registured Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD TITLE TITLE PCD ☑ Change ☐ Addition ☐ Delete SALMON, JAMES G. SALMON, JAMES G NAME MAME 2300 MAITLAND CENTER PKWAY, SUITE 106 7680 UNIVERSITY BOULEVARD, SUITE 650 STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32819 TITLE VTD TITLE ☐ Change Addition □ Delete NAME ROGERS, MICHAEL T NAME 1800 SECOND STREET, SUITE 909 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition LOW, J. MICHAEL, ESQ. NAME NAME STREET ADDRESS 2999 NORTH 44TH STREET, SUITE 250 STREET ADDRESS CITY-ST-ZIP PHOENIX, AZ 85018 CITY-ST-ZIP TILE ZI Delete TITLE ☐ Change Addition CARR, RICHARD NAME NAME JOHNSON, CHARLES S. 2300 MAITLAND CENTER PKWAY, SUITE 106 STREET ADDRESS 7680 UNIVERISTY BOULEVARD, SUITE 650 STREET ADDRESS MAITLAND, FL 32751 CITY-ST-7IP ORLANDO, FL 32819 CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete ☐ Channe NAME COOK, GREGORY NAME STREET ADDRESS STREET ADDRESS 1800 SECOND ST SUITE 909 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 AS AS TIFLE Change IIILE ☐ Defete ☐ Addition ROSS, HEATHER ROSS, HEATHER NAME NAME 2233 WISCONSIN AVE, NW. SUITE 310 1501 WILSON BLVD., SUITE 1110 STREET ADDRESS STREET ADDRESS WASHINGTON, DC 20007 CITY-ST-ZIP ARLINGTON, VA 22209 CITY-ST-ZIP 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 propowered.

Michael TRogers

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-955 0793

Daytime Phone #

**FILED**