
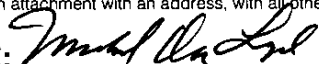


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 044 ***150.00

DOCUMENT # F05000004268 1. Entity Name ENERGY RISK ASSOCIATES, INC.					
Principal Place of Business 8401 N. CENTRAL EXPRESSWAY SUITE 515 DALLAS, TX 75225			Mailing Address 8401 N. CENTRAL EXPRESSWAY SUITE 515 DALLAS, TX 75225		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 75-2724104	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331			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 \$150.00 After May 1, 2007 Fee will be \$550.00		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	S SCHULTZ, SUEANN V 1631 SOUTH TOPEKA BOULEVARD TOPEKA, KS 66601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schultz, SueAnn V. 1251 SW Arrowhead Road, Suite C Topeka, KS 66604-4026		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete COHEN, ROBERT L 1550 SEVENTEENTH STREET DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cohen, Robert L. 1550 17th Street #600 Denver, CO 80202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete ASHCRAFT, STEVEN P 8401 N. CENTRAL EXPRESSWAY SUITE 515 DALLAS, TX 75225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition Schultz, SueAnn 1251 SW Arrowhead Road, Suite C Topeka, KS 66604-4026		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HANSARD, LYDIA 8401 N. CENTRAL EXPRESSWAY SUITE 515 DALLAS, TX 75225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schultz, SueAnn 1251 SW Arrowhead Road, Suite C Topeka, KS 66604-4026		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SCHULTZ, SUEANN 8401 N. CENTRAL EXPRESSWAY SUITE 515 DALLAS, TX 75225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition Schultz, SueAnn 1251 SW Arrowhead Road, Suite C Topeka, KS 66604-4026		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LYNCH, MICHAEL D 250 N. WATER, SUITE 600 WICHITA, KS 67202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition Schultz, SueAnn 1251 SW Arrowhead Road, Suite C Topeka, KS 66604-4026		
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 D. Lynch		4/25/2007 316-266-6296	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					