2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005837

Entity Name: PATRIOT RISK SERVICES, INC.

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 2020				401 E. LAS OLAS BOULEVARD SUITE 1540 FORT LAUDERDALE, FL 33301			
Current Mailing Address:				New Mailing Address:			
43 SKYLINE DRIVE SUITE 2020 LAKE MARY, FL 32746				401 E. LAS OLAS BOULEVARD SUITE 1540 FORT LAUDERDALE, FL 33301			
FEI Number: 2	20-3377189	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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: Floation in Signature of Positioned Agent							
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name:	MARIANO, STEVI 401 E. LAS OLAS FORT LAUDERDA	S BLVD., #1540 ALE, FL 33301 Delete		Title: Name: Address: City-St-Zip: Title: Name:	ERMATINGER, 1 401 E. LAS OLA FORT LAUDERD	S BLVD., #1540 DALE, FL 33301 Change () Addition	
Address: City-St-Zip:	2226 EASTLAKE SEATTLE, WA 9	AVE. EAST #301		Address: City-St-Zip:	401 E. LÁS OLA FORT LAUDERD	S BLVD., #1540	
Title: Name: Address: City-St-Zip:	DEL PIZZO, JOH	TOWN ST. ROAD SUITE 3		Title: Name: Address: City-St-Zip:	S (X) CASHION, MARV 401 E. LAS OLA FORT LAUDERE	S BLVD., #1540	
Title: Name: Address: City-St-Zip:	P, D () E HALTER, ERIC M 1061 521 CORP. FORT MILL, SC	CTR. DR. #140		Title: Name: Address: City-St-Zip:	HALTER, ERIC	. CTR. DR. #140	
Title: Name: Address: City-St-Zip:	D (X) E MARZIANO, FRE 208 SECOND AV BELMAR, NJ 077	E.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S (X) E CASHION, MARV 401 E. LAS OLAS FORT LAUDERD	S BLVD., #1540		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY DAVIS AS 01/30/2007