2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005837

Entity Name: PATRIOT RISK SERVICES, INC.

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
401 E. LAS OLAS BOULEVARD SUITE 1540 FORT LAUDERDALE, FL 33301			7TH FLOO	301 E. LAS OLAS BOULEVARD 7TH FLOOR FORT LAUDERDALE, FL 33301			
Current Mailing Address:			New Maili	New Mailing Address:			
401 E. LAS OLAS BOULEVARD SUITE 1540 FORT LAUDERDALE, FL 33301			7TH FLOO	301 E. LAS OLAS BOULEVARD 7TH FLOOR FORT LAUDERDALE, FL 33301			
FEI Number:	20-3377189	FEI Number Applied For () FEI N	umber Not Appl	licable ()	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.							
SIGNATUR							
	Electronic	Signature of Registered Agent			Date		
Election Cam	paign Financing 1	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C, D () D ERMATINGER, TI 401 E. LAS OLAS FORT LAUDERDA	BLVD., #1540	Title: Name: Address: City-St-Zip:	ERMATINGER,	S BLVD., 7TH FLOOR		
Title: Name: Address: City-St-Zip:	P, D () C GRAVES, JOSEP 401 E. LAS OLAS FORT LAUDERDA	BLVD., #1540	Title: Name: Address: City-St-Zip:	GRAVES, JOSE	S BLVD., 7TH FLOOR		
Title: Name: Address: City-St-Zip:	S () C CASHION, MARVI 401 E. LAS OLAS FORT LAUDERDA	BLVD., #1540	Title: Name: Address: City-St-Zip:	DAVIS, KIMBER	S BLVD., 7TH FLOOR		
Title: Name: Address: City-St-Zip:	D () D HALTER, ERIC M 1061 521 CORP. FORT MILL, SC	CTR. DR. #140	Title: Name: Address: City-St-Zip:	()	Change ()Addition		
Title: Name: Address: City-St-Zip:	()[velete	Title: Name: Address: City-St-Zip:	RON, COUTURE	S BLVD., 7TH FLOOR		

I hereby certify that the information supplied with this filing does not qualify 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 S 01/17/2008