## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005530

ONE FRONT STREET

BATH, ME 04530

Address: City-St-Zip:

Entity Name: FIRE RISK MANAGEMENT, INC.

FILED May 27, 2008 Secretary of State

Littly Name. FIRE RISK WANAGEWENT, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2773 WEST LECANTO,	TEXPRESS FL 34461	BLANE			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2773 WEST EXPRESS LANE LECANTO, FL 34461		1 FRONT STREET 2ND FLOOR BATH, ME 04530	2ND FLOOR		
FEI Number:	01-0517671	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ANTIGNANO, JOHN 2773 WEST EXPRESS LANE LECANTO, FL 34461 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		y submits this statement for the pt	inpose of changing its registered	ronice of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent Date				Date	
		193(2)(b), F.S., the corporation did not ing Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P CUMMINGS, ONE FRONT BATH, ME 0	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S DAY, JAMES 52 FRONT S BATH, ME 0	TREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T CUMMINGS,	( ) Delete ERIN G	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM D. CUMMINGS P 05/27/2008