

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002452

Entity Name: PATRIOT RISK MANAGEMENT, INC.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

401 E LAS OLAS BLVD SUITE 1540
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 E LAS OLAS BLVD SUITE 1540
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 73-1665495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: MARIANO, STEVEN M
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: CD () Delete
Name: MARIANO, STEVEN M
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: BRYANT, THEODORE G
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T () Delete
Name: GRANDSTAFF, MICHAEL W
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: DAVIS, KIMBERLY
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: MORRIS, C. TIMOTHY
Address: 198 E BAY STREET #301
City-St-Zip: CHARLESTON, SC 29401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: MARIANO, STEVEN M
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T (X) Change () Addition
Name: GRANDSTAFF, MICHAEL W
Address: 401 E LAS OLAS BLVD SUITE 1540
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEL PIZZO, JOHN R
Address: 90 SOUTH NEWTOWN ST RD #3
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: D (X) Change () Addition
Name: MORRIS, C TIMOTHY
Address: 198 E BAY ST #301
City-St-Zip: CHARLESTON, SC 29401

Title: D (X) Change () Addition
Name: TOMPKINS, TIMOTHY J
Address: 141 RIVER'S EDGE DR
City-St-Zip: TRAVERSE CITY, MI 49684

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

AS

01/05/2009

Electronic Signature of Signing Officer or Director

Date