2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003224

Entity Name: LANCET INDEMNITY RISK RETENTION GROUP, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5430 WEST SAHARA AVENUE LAS VEGAS, NV 89146						
Current Mailing Address:			New Maili	New Mailing Address:		
	SERVICES OND STREET, A, FL 34236	SUITE 909E				
FEI Number:	26-1478165	FEI Number Applied For () FEI No	ımber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
	ND STREET,	SUITE 909E 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:						
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () I KETCHUM, GAR' 87 STEPHENS P HACKETTSTOW	ARK ROAD	Title: Name: Address: City-St-Zip:	LURIA, WILL	RTIN LUTHER KING JR. STE 500	
Title: Name: Address: City-St-Zip:	TISDEL, MARK A	PEER ROAD, #120	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MOHN, LAWREN 3477 ORCHARD KEEGO HARBON	LAKE ROAD	Title: Name: Address: City-St-Zip:	MANISCALC 4730 HABAN	(X) Change ()Addition O, BENEDICT IA AVENUE, SUITE 201 33614	
Title: Name: Address: City-St-Zip:	D () I LANDRAM, RON 5430 W. SAHAR. LAS VEGAS, NV	A AVENUE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I KETCHUM, GAR' 87 STEPHENS P HACKETTSTOW	ARK ROAD	Title: Name: Address: City-St-Zip:		(X) Change ()Addition O, ANTHONY L ISABEL STREET, SUITE 201 33607	
Title: Name: Address: City-St-Zip:	RODRIGUEZ, SA	BEL STREET, #201B	Title: Name: Address: City-St-Zip:		() 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.

SIGNATURE: SALVATORE RODRIGUEZ S 04/15/2009