2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# F08000003300

Entity Name: RISK CONTROL STRATEGIES, INC.

Current Principal Place of Business:

111 JOHN STREET
SUITE 2400
NEW YORK, NY 10038

New Principal Place of Business:

Current Mailing Address:

4333 PARK TERRACE DRIVE
SUITE 100
WESTLAKE VILLAGE, CA 91361

New Mailing Address:

FEI Number: 54-2137046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VIOLLIS, PAUL
1490 CAPE SABLE DRIVE
MELBOURNE, FL 32940 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: CHRM ( ) Delete
Name: KANE, DOUG
Address: 4333 PARK TERRACE DRIVE, SUITE 100
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: PRES ( ) Delete
Name: KANE, DOUG
Address: 4333 PARK TERRACE DRIVE, SUITE 100
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: VCHR ( ) Delete
Name: KANE, DOUG
Address: 4333 PARK TERRACE DRIVE, SUITE 100
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: V ( ) Delete
Name: KANE, DOUG
Address: 4333 PARK TERRACE DRIVE, SUITE 100
City-St-Zip: WESTLAKE VILLAGE, CA 91361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DOUG KANE PRES 03/17/2009
Electronic Signature of Signing Officer or Director Date