

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003223

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: AB RISK SPECIALIST INC.

**Current Principal Place of Business:**

2573 OAK BLUFF DRIVE  
DACULA, GA 30019

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2390  
DACULA, GA 30019

**New Mailing Address:**

FEI Number: 26-4793693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECKER, KEITH PATRICK  
Address: 2573 OAK BLUFF DRIVE  
City-St-Zip: DACULA, GA 30019

Title: SCEO  
Name: BECKER, AMY M  
Address: 2573 OAK BLUFF DRIVE  
City-St-Zip: DACULA, GA 30019

Title: TCFO  
Name: BECKER, AMY M  
Address: 2573 OAK BLUFF DRIVE  
City-St-Zip: DACULA, GA 30019

I hereby 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 all other like empowered.

SIGNATURE: AMY M. BECKER

CEO

04/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date