2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90388 008 ***150.00

DOCUMENT # F96000004623

1. Entity Name

BUSINESS RISK TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
600 N. PINE ISLAND ROAD SUITE 401 PLANTATION FL 33324	600 N. PINE ISLAND ROAD SUITE 401 PLANTATION FL 33324

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
600 N. Pine Island Rd.	600 N. Pine Island Rd.
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.: Suite 350
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

4. FEI Number: 65-0667586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLETTE, EDWIN M JR. 600 N. PINE ISLAND ROAD SUITE 400 PLANTATION FL 33324	Name: Steven Repetti Street Address (P.O. Box Number is Not Acceptable): 600 N. Pine Island Rd. Suite 350 City: Plantation FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ 4-14-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REPETTI, STEVE 600 N. PINE ISLAND ROAD, SUITE 401 PLANTATION FL 33324	☐ Delete chg title	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/CTO Steven Repetti 600 N. Pine Island Rd. Suite 350 Plantation FL 33324 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SMITH, ANGELA 600 N. PINE ISLAND ROAD, STE. 401 PLANTATION FL 33324	☐ Delete chg name	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Tim A. Renfro 600 N. Pine Island Rd. Suite 350 Plantation, FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLETTE, EDWIN M JR. 600 N. PINE ISLAND ROAD, STE. 400 PLANTATION FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See/Treas. Angela Repetti 600 N. Pine Island Rd. Suite 350 Plantation, FL 33324 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. ~~I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information~~ indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4-14-2004 954-473-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #