## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000006222

Name:

Address:

City-St-Zip:

FILED Mar 21, 2008 Secretary of State

| Entity Na                                   | me: NORTH.                               | AMERICAN RISK SERVICES         | i, INC.                                     |  |                                      |  |
|---|--|--------------------------------|---|--|--------------------------------------|--|
| Current Principal Place of Business:        |  |                                | New Prince                                  | New Principal Place of Business:             |                                      |  |
| SUITE 400                                   | STHALL LANE<br>)<br>D, FL 32751          |                                |   |  |                                      |  |
| Current Mailing Address:                    |  |                                | New Maili                                   | New Mailing Address:                         |                                      |  |
| SUITE 400                                   | STHALL LANE<br>)<br>D, FL 32751          |                                |   |  |                                      |  |
| FEI Number                                  | : 13-3901415                             | FEI Number Applied For ( )     | FEI Number Not App                          | licable ( )                                  | Certificate of Status Desired (X)    |  |
| Name and                                    | Address of (                             | Current Registered Agent:      | Name and                                    | Address of                                   | New Registered Agent:                |  |
| 2731 EXE                                    | VICES, INC.<br>CUITVE PARK<br>, FL 33331 | DR STE 4<br>US                 |   |  |                                      |  |
|   | e named entity<br>e of Florida.          | submits this statement for the | purpose of changing                         | its registered                               | office or registered agent, or both, |  |
| SIGNATUI                                    | RE:                                      |                                |   |  |                                      |  |
|   | Electro                                  | nic Signature of Registered A  | gent  |  | Date                                 |  |
| Election Ca                                 | mpaign Financin                          | g Trust Fund Contribution ( ). |   |  |                                      |  |
| OFFICERS AND DIRECTORS:                     |  |                                | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | STINSON, BAF                             | LL LANE SUITE 400              | Title:<br>Name:<br>Address:<br>City-St-Zip: | ROBERT, RU                                   | HALL LANE SUITE 400                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | LARSEON, AN                              | RE TOWER 37 FLOOR              | Title:<br>Name:<br>Address:<br>City-St-Zip: | BERNARDO,                                    | HALL LANE SUITE 400                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Delete                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | MCCULLY, J                                   | HALL LANE, SUITE 400                 |  |
| Title:                                      | (  | ) Delete                       | Title:                                      | CEO (  | ( ) Change (X) 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.

Name:

Address:

City-St-Zip:

SLIVA, WALT

RALEIGH, NC 27615

180 MINE LAKE COURT, SUITE 200

SIGNATURE: ROBERT E RURYK Ρ 03/21/2008