2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000000681

1. Entity Name

GLOBAL RISK CONSULTANTS CORP.



FILED Apr 25, 2006 08:00 AN Secretary of State

Principal Place of Business

100 WALNUT AVENUE

SIGNATURE:

5TH FLOOR CLARK, NJ 07066 Mailing Address

100 WALNUT AVENUE 5TH FLOOR CLARK, NJ 07066



DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1733739 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 famillar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RAMONAS, W F 99 WOOD AVE. SQ. ISELIN, NJ 08830				U00000533261	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DT DIMAURO, G 99 WOOD AVE. SQ. ISELIN, NJ 08830				05/06/06-80112-021 150.80 DO NOT WRITE	
HITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILES, G H 99 WOOD AVE. SQ. ISELIN, NJ 08830			DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVR LOWELL, DAVID 100 WALNUT AVE, 5TH FLOOR CLARK, NJ 07066			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNHOUSE, D E 6940 SOUTH EDGEWATER ROAD BRECKSVILLE, OH 44141					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						

your

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR