
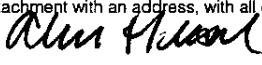


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 028 ***150.00

DOCUMENT # F97000006441 1. Entity Name RISK MANAGEMENT ALTERNATIVES, INC.					
Principal Place of Business 2675 BRECKENRIDGE BLVD DULUTH, GA 30096			Mailing Address 2675 BRECKENRIDGE BLVD DULUTH, GA 30096		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-1880612	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO		TITLE	CEO	
NAME	CUNNINGHAM, DENNIS		NAME		
STREET ADDRESS	2675 BRECKENRIDGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	CANFIELD, PHILIP A		NAME		
STREET ADDRESS	2220 SOUTH BUSSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MT PROSPECT, IL 600565543		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	RAUNER, BRUCE V		NAME		
STREET ADDRESS	2220 SOUTH BUSSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MT PROSPECT, IL 600565543		CITY-ST-ZIP		
TITLE	VAS		TITLE	CFO / Secretary / Treasurer	
NAME	HEUSEL, ALICE G		NAME		
STREET ADDRESS	2675 BRECKENRIDGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	ST		TITLE	President	
NAME	CONNOLLY, JOSEPH		NAME		
STREET ADDRESS	2675 BRECKENRIDGE BLVD		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Alice G. Heusel		4/29/05 (770) 925-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

