

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90032 040 \*\*\*150.00

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01032005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000000454					
1. Entity Name AVALON RISK MANAGEMENT, INC.					
Principal Place of Business 10705 NW 33RD STREET STE 120 MIAMI, FL 33172 US			Mailing Address 150 NORTHWEST POINT BLVD. 4TH FLOOR ELK GROVE VILLAGE, IL 60007		
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 36-4201541	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUJOL, LESLIE 10705 NW 33RD STREET SUITE 1200 MIAMI, FL 33172			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BHOJWANI, GARY C		NAME		
STREET ADDRESS	36 W 705 W RIDGEWOOD LN.		STREET ADDRESS		
CITY-ST-ZIP	SAINT CHARLES, IL 60175		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HRUBY, DENISE L		NAME	CHIPMAN, DENISE L.	
STREET ADDRESS	611 NATHAN CATTIN LANE		STREET ADDRESS	611 NATHAN LATTIN LANE	
CITY-ST-ZIP	SYCAMORE, IL 60178		CITY-ST-ZIP	(NAME CHANGE & CORRECTION TO TYPE IN BLOCK 10)	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, SHAUN		NAME	JACKSON, W. SHAUN	
STREET ADDRESS	1495 THE LINKS DRIVE		STREET ADDRESS	(CORRECTION TO NAME IN BLOCK 10)	
CITY-ST-ZIP	OAKVILLE, CANADA, 16m zp2		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAR, WILLIAM G		NAME		
STREET ADDRESS	4470 TUCANA CT. PENTHOUSE 5		STREET ADDRESS		
CITY-ST-ZIP	MISSISSAUGA, CANADA, 15r 3k8		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLLNEY, SCOTT		NAME		
STREET ADDRESS	2434 SWAINWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW, IL 60025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLLNEY, SCOTT		NAME	DIRECTOR WOLLNEY, SCOTT	
STREET ADDRESS	2434 SWAINWOOD DR.		STREET ADDRESS	(NOW PRESIDENT AND DIRECTOR)	
CITY-ST-ZIP	GLENVIEW, IL 60025		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: <i>Denise L Chipman</i>			1/7/2005 847-700-8100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		