

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005268

FILED
Apr 28, 2008
Secretary of State

Entity Name: ALL RISKS, LTD. OF THE SOUTHEAST, INC.

Current Principal Place of Business:

10150 YORK ROAD
5TH FLOOR
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

CHRISTINA SAVINI
10150 YORK ROAD; 5TH FLOOR
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 52-0801316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MARIE
3363 W.COMMERCIAL BLVD
SUITE 115
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CORTEZI, NICHOLAS D
Address: 1300 WESTELLEN ROAD
City-St-Zip: TOWSON, MD 21286

Title: CB (X) Delete
Name: SALLADIN, WILLIAM J
Address: 11838 FALLS RD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: S () Delete
Name: HIGGINS, JANINE
Address: 717 HESTON LANE
City-St-Zip: BEL AIR, MD 21014

Title: T (X) Delete
Name: LASSEN, JOHN JR
Address: 3513 GOLDEN EAGLE DRIVE
City-St-Zip: PHOENIX, MD 21131

Title: CD (X) Delete
Name: DICKINSON, MARTHA
Address: 2901 BOSTON STREET UNIT 219
City-St-Zip: BALTIMORE, MD 21223

Title: P () Delete
Name: NICHOLS, MATT
Address: 1300 JEROME JAY DRIVE
City-St-Zip: COCKEYSVILLE, MD 21030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: NICHOLS, MATTHEW D
Address: 1300 JEROME JAY DRIVE
City-St-Zip: COCKEYSVILLE, MD 21030

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.

SIGNATURE: MATTHEW D NICHOLS

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date