2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# H16549

Entity Name: RISK MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

220 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

3101 W. DR. MARTIN LUTHER KING JR. BLVD.
SUITE 400
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-2445801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LYDECKER, CHARLES H
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VS ( ) Delete
Name: GRAMMIG, LAUREL L
Address: 3101 W. DR. MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: VAS ( ) Delete
Name: DONEGAN, JR., THOMAS M
Address: 3101 W. DR. MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: FLOREZ, ANN E
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V ( ) Delete
Name: WALKER, CORY T
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: TINSLEY, THOMAS G
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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: V (X) Change ( ) Addition
Name: HANSEN, ANN E
Address: 220 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

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: LAUREL L. GRAMMIG VS 04/08/2009

Electronic Signature of Signing Officer or Director Date