

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90090 004 \*\*\*150.00

<b>DOCUMENT # J21393</b>	
1. Entity Name <b>H. RISK INVESTMENT CORPORATION</b>	



Principal Place of Business <b>% MICHAEL HRIC 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237</b>	Mailing Address <b>% MICHAEL HRIC 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237</b>
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40105773



2. Principal Place of Business - No P.O. Box # <b>60 Sugar mill Dr.</b>	3. Mailing Address <b>60 Sugar Mill Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State <b>Osprey, Florida</b>	City & State <b>Osprey, Florida</b>
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4. FEI Number <b>59-2688095</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34229</b>	Country <b>USA</b>	Zip <b>34229</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HRIC, MICHAEL 2801 FRUITVILLE RD., SUITE 100 SARASOTA, FL 34237</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>60 Sugar mill Dr.</b>	
City <b>Osprey</b>	FL Zip Code <b>34229</b>

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HRIC, MICHAEL 2801 FRUITVILLE RD., #100 SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 Sugar mill Dr. Osprey, FL 34229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GREIN, DORIS M 60 SUGAR HILL DRIVE OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 Sugar mill Dr. Osprey, FL 34229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:	Date <b>4/30/07</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		