

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084870

FILED
Feb 21, 2008
Secretary of State

Entity Name: HIGH RISK PROFESSIONALS LIMITED CO.

Current Principal Place of Business:

644 CARIBBEAN WAY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

644 CARIBBEAN WAY
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 75-3200367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLACHTER, ERIC M
644 CARIBBEAN WAY
NICEVILLE, FL 32578 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

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: SLACHTER, ERIC M
Address: 358 JAMAICA WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SLACHTER, ERIC M
Address: 644 CARIBBEAN WAY
City-St-Zip: NICEVILLE, FL 32578

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERIC M SLACHTER

CEO

02/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date