# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2006**
**Secretary of State**

DOCUMENT# P00000026718

**Entity Name:** RISK MANAGEMENT ADVISORY GROUP, INC.

**Current Principal Place of Business:**

10800 BISCAYNE BLVD.-PH.
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

10800 BISCAYNE BLVD.-PH.
MIAMI, FL 33161

**New Mailing Address:**

**FEI Number: 65-0995154** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, NANCY
10800 BISCAYNE BLVD.-PH.
MIAMI, FL 33161 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: PS ( ) Delete
Name: RYAN, NANCY
Address: 10800 BISCAYNE BLVD, - PH
City-St-Zip: MIAMI, FL 33161

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition
Name: RYAN, NANCY
Address: 10800 BISCAYNE BLVD, - PH
City-St-Zip: MIAMI, FL 33161

Title: CEO ( ) Change (X) Addition
Name: HARRIS, MEL
Address: 10800 BISCAYNE BLVD, - PH
City-St-Zip: MIAMI, FL 33161

Title: SVP ( ) Change (X) Addition
Name: NOWAKOWSKI, TONY
Address: 10800 BISCAYNE BLVD, - PH
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY RYAN PSD 01/09/2006

Electronic Signature of Signing Officer or Director — Date