


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000020185</b> 1. Entity Name HEALTHCARE RISK MANAGEMENT & EDUCATION, INC.	
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Principal Place of Business 309 CONTRY WALK STREET MELBOURNE, FL 32940	Mailing Address 309 CONTRY WALK STREET MELBOURNE, FL 32940
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01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3707601	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  LALLY, PAUL P 309 COUNTRY WALK ST MELBOURNE, FL 32940
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IN THIS SPACE**

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 <u>Paul P. Lally</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1/19/07</u> <small>(NOTE: Registered Agent signature required when registering)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALLY, PAUL P 309 COUNTRY WALK ST MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LALLY, KATHLEEN A 309 COUNTRY WALK ST MELBOURNE, FL 32940
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03/07/07-80002-001 158.75

**DO NOT WRITE  
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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: <u>Paul P. Lally</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/19/07</u> 321-254-6665 <small>Daytime Phone #</small>