


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000034681</b> 1. Entity Name <b>RISK SOLUTIONS MANAGEMENT CORP</b>	
---	---

Principal Place of Business <b>1355 PLATO CT. VERO BEACH, FL 32963</b>	Mailing Address <b>1355 PLATO CT. VERO BEACH, FL 32963</b>
---	---

## DO NOT WRITE IN THIS SPACE



02022007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-1091620</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

6. Name and Address of Current Registered Agent  <b>HALCOMB, HAROLD R 1355 PLATO CT. VERO BEACH, FL 32963</b>	<h2>DO NOT WRITE IN THIS SPACE</h2>
---	---

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.    ☐    **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HALCOMB, HAROLD R 1355 PLATO CT. VERO BEACH, FL 32963</b>

U00000624427  
02/14/07-80031-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Harold R Halcomb* *per.*    2-2-07    772-5597987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #