2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 06, 2005
Secretary of State

DOCUMENT# P01000051450

Entity Name: RISK TRANSFER HOLDINGS, INC.

Current Principal Place of Business:

301 E. PINE STREET
STE. 350
ORLANDO, FL 32801

New Principal Place of Business:

301 E. PINE STREET
SUITE 350
ORLANDO, FL 32801

Current Mailing Address:

301 E. PINE STREET
STE. 350
ORLANDO, FL 32801

New Mailing Address:

301 E. PINE STREET
SUITE 350
ORLANDO, FL 32801

FEI Number: 59-3722041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR, ESQ
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: HUGHES, PAUL R
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: HUGHES, PAUL R
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: COO ( ) Delete
Name: FABRIZIO, DINO
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: V ( ) Delete
Name: SULLIVAN, KEVIN
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete
Name: RHODEN, CHRIS
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: T ( ) Delete
Name: BUSICK, CARLA
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WALTERS, RICHARD
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL R. HUGHES P 06/06/2005

Electronic Signature of Signing Officer or Director — Date