

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000051450

FILED
May 05, 2006
Secretary of State**Entity Name:** RISK TRANSFER HOLDINGS, INC.**Current Principal Place of Business:**301 E. PINE STREET
SUITE 350
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**301 E. PINE STREET
SUITE 350
ORLANDO, FL 32801**New Mailing Address:****FEI Number:** 59-3722041**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE #1700
ORLANDO, FL 32801 US

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: WILLIAM R. LOWMAN, JR.

05/05/2006

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: WALTERS, RICHARD
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: () Change () Addition
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Address:
City-St-Zip:

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 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: PAUL R. HUGHES

P

05/05/2006

Electronic Signature of Signing Officer or Director

Date