2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P01000051450

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:

LOWMAN, WILLIAM R JR
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE #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: EVP ( ) Delete
Name: FABRIZIO, DINO
Address: 301 E. PINE STREET, STE. 350
City-St-Zip: ORLANDO, FL 32801

Title: CFO ( ) Delete
Name: MCCURDY, JACK
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 (X) 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: DT (X) Change ( ) Addition
Name: HUGHES, PAUL R
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:

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 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 03/27/2009

Electronic Signature of Signing Officer or Director — Date