

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066595

FILED
May 18, 2004
Secretary of State

Entity Name: MAI RISK SOLUTIONS, INC.

Current Principal Place of Business:

3502 HENDERSON BLVD., STE. 300
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3502 HENDERSON BLVD., STE. 300
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3746936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
100 N. TAMPA ST., STE. 2700
TAMPA, FL 33602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PULS, JOHN L JR
Address: 3502 HENDERSON BLVD., STE. 300
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: PULS, BRANDIE L
Address: 3502 HENDERSON BLVD., STE. 300
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MCCARTHA, OTHA RAY
Address: 1673 MAYFIELD AVE.
City-St-Zip: WINTER PARK, FL 32789

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:

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: JOHN L. PULS

D

05/18/2004

Electronic Signature of Signing Officer or Director

Date