

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086798

FILED
Apr 14, 2009
Secretary of State

Entity Name: EAGLE RISK MANAGEMENT, INC.

Current Principal Place of Business:

650 SW 34TH STREET
S-303
FT. LAUDERDALE, FL 33315

Current Mailing Address:

P.O. BOX 636
DANIE, FL 330040636

New Principal Place of Business:

650 SW 34TH STREET
S-301
FT. LAUDERDALE, FL 33315

New Mailing Address:

650 SW 34TH STREET
S-301
FT. LAUDERDALE, FL 33315

FEI Number: 65-1136907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COULE, BASIL J TREASUR
1480 SE 23 STREET
OKEECHOBEE, FL 34974 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, THOMAS E PRES
Address: 1858 NW 124 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS E. POWERS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date