

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106900

FILED
Jul 18, 2005
Secretary of State

Entity Name: COMPREHENSIVE RISK SERVICES, INC.

Current Principal Place of Business:

7220 NW 36 STREET
SUITE 617
MIAMI, FL 33166

New Principal Place of Business:

7875 NW 12 TH STREET
SUITE 111
MIAMI, FL 33126

Current Mailing Address:

4544 NW 94 PLACE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 59-3755349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, DEBORAH M
4544 NW 94 PLACE
MIAMI, FL 33178 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: PD () Delete
Name: HAMPTON, DEBORAH M
Address: 4544 NW 94 PLACE
City-St-Zip: MIAMI, FL 33178

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 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: DEBORAH M. HAMPTON

PD

07/18/2005

Electronic Signature of Signing Officer or Director

Date