

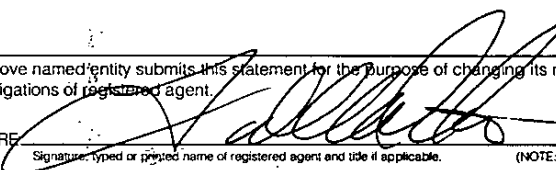
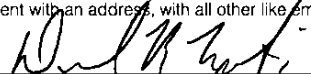


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90165 027 ***150.00

DOCUMENT # P02000123652					
1. Entity Name PIVOTAL RISK MANAGEMENT, INC.					
Principal Place of Business 260 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779-3606			Mailing Address 260 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779-3606		
2. Principal Place of Business 6339 Argyle Forest Blvd Suite, Apt. #, etc. Suite One City & State Jacksonville FL Zip 32244		3. Mailing Address 6339 Argyle Forest Blvd Suite, Apt. #, etc. Suite One City & State Jacksonville FL Zip 32244			
4. FEI Number 16-1643618		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Todd Watson, Attorney at Law Street Address (P.O. Box Number is Not Acceptable) 7785 Baymeadows Way, Suite 107 City Jacksonville FL Zip Code 32256		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, D. GENE 260 WEKIVA SPRINGS ROAD LONGWOOD, FL 327793606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Treasurer Daniel R Leporati 825 Elmwood St Orange Park FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CECCONI, KELLY A 260 WEKIVA SPRINGS RD. LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Cynthia G Leporati 825 Elmwood St Orange Park FL 32065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			904/717-0326		
			Daytime Phone #		