


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000076014 1. Entity Name AEGIS RISK MANAGEMENT SERVICES, INC.	
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Principal Place of Business 1683 CONDOR DRIVE CANTONMENT, FL 32533	Mailing Address P.O. BOX 7484 PENSACOLA, FL 32534
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2867050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, PAUL A 226 EAST GOVERNMENT STREET PENSACOLA, FL 32502	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1107060682802 04/05/07-80018-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHROUT, MARK 1683 CONDOR DRIVE CANTONMENT, FL 32533
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IN THIS SPACE**

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: MARK SHROUT **03/23/07** **(850) 968-2914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #