2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P05000126009

Entity Name: ALL RISK INSURANCE, INC.

Current Principal Place of Business:

2003 EAST AVE. NE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2003 EAST AVE. NE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 11-3759454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEWATT, LINDA
2003 EAST AVE. NE
PANAMA CITY, FL 32405 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: PT ( ) Delete
Name: HEWATT, LINDA
Address: 815 BRIARS BEND
City-St-Zip: ALPHARETTA, GA 30004

Title: VS ( ) Delete
Name: PAULA, YOUNG
Address: 500 PLANTATION DRIVE
City-St-Zip: LOGANVILLE, GA 30052

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: JIM, SIMMONS
Address: 2003 EAST AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: V ( ) Change (X) Addition
Name: BRIAN, HENDERSON
Address: 1913 EAST OLIVE RD.
City-St-Zip: PENSACOLA, FL 32514

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: LINDA HEWATT P 01/21/2009

Electronic Signature of Signing Officer or Director Date