

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041197

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: ALL RISK INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1927 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1927 NORTH FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 20-4538110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHLEGER, RANDY B  
1927 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33432 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: SCHLEGER, RANDY B  
Address: 1927 N. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: PACILLO, LISA  
Address: 1927 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: RANDY SCHLEGER

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date