

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064942

**FILED**  
**Apr 26, 2008**  
**Secretary of State**

**Entity Name:** E-COMMERCE RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

HARWOOD HOUSE, HARWOOD ROAD  
LONDON SW64QP UNITED KINGDOM, QP SW64QP UK

**New Principal Place of Business:**

**Current Mailing Address:**

HARWOOD HOUSE, HARWOOD ROAD  
LONDON SW64QP UNITED KINGDOM, QP SW64QP UK

**New Mailing Address:**

FEI Number: 56-2578238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
STE 4  
WESTON, FL 33331 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: PTSD ( ) Delete  
Name: LINEHAN, PAUL  
Address: 4 NIVEN CLOSE, CRAWLEY  
City-St-Zip: WEST SUSSEX RH10 7ZH, U.K., UK RH10 UK

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

Title: PTSD (X) Change ( ) Addition  
Name: LINEHAN, PAUL  
Address: 11A THE BROADWAY  
City-St-Zip: CRAWLEY, WEST SUSSEX, UK RH10 1DX UK

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: PAUL LINEHAN

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04/26/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date