2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P07000125197

Entity Name: RISK SOLUTIONS INSURANCE GROUP INC

Current Principal Place of Business:

545 PINELLAS BAYWAY
105
TIERRA VERDE, FL 33715

New Principal Place of Business:

1120 PINELLAS BAYWAY
115
TIERRA VERDE, FL 33715

Current Mailing Address:

545 PINELLAS BAYWAY
105
TIERRA VERDE, FL 33715

New Mailing Address:

1120 PINELLAS BAYWAY
115
TIERRA VERDE, FL 33715

FEI Number: 26-1434262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAURENTY, LAURIE
545 PINELLAS BAYWAY
105
TIERRA VERDE, FL 33715 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: PRES ( ) Delete
Name: BOYD, JOHN III
Address: 545 PINELLAS BAYWAY UNIT 105
City-St-Zip: TIERRA VERDE, FL 33715

Title: VP ( ) Delete
Name: LAURENTY, LAURIE
Address: 545 PINELLAS BAYWAY UNIT 105
City-St-Zip: TIERRA VERDE, FL 33715

Title: VP ( ) Delete
Name: TYLICKI, RENEE
Address: 545 PINELLAS BAYWAY UNIT 105
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAURIE LAURENTY VP 03/27/2008

Electronic Signature of Signing Officer or Director — Date