

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000135498

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** DUNDRIDGE RISK MANAGEMENT INC.

**Current Principal Place of Business:**

5655 GULF OF MEXICO DR  
STE 206A  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

5655 GULF OF MEXICO DR  
STE 206A  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 26-1749172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRICKSON, TERRANCE M  
5655 GULF OF MEXICO DR  
STE 206A  
LONGBOAT KEY, FL 34228 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HENDRICKSON, TERRY  
Address: 5655 GULF OF MEXICO DR, STE 206A  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD  
Name: HENDRICKSON, GEORGIA  
Address: 5655 GULF OF MEXICO DR, STE 206A  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: TERRY HENDRICKSON

PRES

04/01/2011

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

\_\_\_\_\_  
Date