2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001548

Entity Name: RISK & IMPACT SOLUTIONS INC.

FILED Apr 05, 2011 Secretary of State

Current Mailing Address: 10419 WISCANE AVE ORLANDO, FL 32836 FEI Number: 27-1589207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, THOMAS R 10419 WISCANE AVE ORLANDO, FL 32836 US 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:	Current Principal Place of Business:		New Principal Place of Business:		
10419 WISCANE AVE ORLANDO, FL 32836 FEI Number: 27-1589207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, THOMAS R 10419 WISCANE AVE ORLANDO, FL 32836 US 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:	10419 WISCANE AVE ORLANDO, FL 32836				
Name and Address of Current Registered Agent: LOWE, THOMAS R 10419 WISCANE AVE ORLANDO, FL 32836 US 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:	Current Mailing Address:		New Mailing Address	:	
Name and Address of Current Registered Agent: LOWE, THOMAS R 10419 WISCANE AVE ORLANDO, FL 32836 US 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:					
LOWE, THOMAS R 10419 WISCANE AVE ORLANDO, FL 32836 US 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:	FEI Number: 27-1589207	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
10419 WISCANE AVE ORLANDO, FL 32836 US 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:	Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
in the State of Florida. SIGNATURE:	10419 WISCANE AVE	US			
		submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
	SIGNATURE:				
Electronic Signature of Registered Agent Date	Electro	nic Signature of Registered Ag	ent	Date	

Title:

Name: LOWE, THOMAS R Address: 10419 WISCANE AVE City-St-Zip: ORLANDO, FL 32836

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: THOMAS R LOWE P 04/05/2011