

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000011225

FILED
Feb 25, 2011
Secretary of State

Entity Name: ALLIANT RISK MANAGEMENT INC.

Current Principal Place of Business:

6776 ROYAL LEAF LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

1526 UNIVERSITY BLVD. W., STE 162
JACKSONVILLE, FL 32217

New Mailing Address:

6776 ROYAL LEAF LANE
JACKSONVILLE, FL 32244

FEI Number: 01-0946808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, STEPHEN J
1730 SHADOW WOOD LANE
360
JACKSONVILLE, FL 32207 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: PRES
Name: DRUMMOND, TERRI S
Address: 6870 MISTY VIEW DR
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIRE
Name: DOUGLAS, STEPHEN J
Address: 6776 ROYAL LEAF LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC
Name: NEWSOME, SHARON
Address: 6776 ROYAL LEAF LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

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: TERRI DRUMMOND

PRES

02/25/2011

Electronic Signature of Signing Officer or Director

Date