2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# P11000100950

Entity Name: THE RISK MANAGEMENT DEPARTMENT, INC.

Current Principal Place of Business:

1035 GATEWAY BLVD
SUITE 201-244
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1035 GATEWAY BLVD
SUITE 201-244
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 45-3914298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONNELLY, CHRISTOPHER
1035 GATEWAY BLVD
SUITE 201-244
BOYNTON BEACH, FL 33426 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: DONNELLY, CHRISTOPHER
Address: 1035 GATEWAY BLVD. , SUITE 201-244
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SECY
Name: DONNELLY, CHRISTOPHER
Address: 1035 GATEWAY BLVD. , SUITE 201-244
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TREA
Name: DONNELLY, CHRISTOPHER
Address: 1035 GATEWAY BLVD. , SUITE 201-244
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DIR
Name: DONNELLY, CHRISTOPHER
Address: 1035 GATEWAY BLVD. , SUITE 201-244
City-St-Zip: BOYNTON BEACH, FL 33426

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: CHRISTOPHER DONNELLY PRES 04/25/2012

Electronic Signature of Signing Officer or Director — Date