

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28072

FILED
Jan 31, 2006
Secretary of State

Entity Name: ASSOCIATION RISK MANAGEMENT SERVICE CO.

Current Principal Place of Business:

250 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2368
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 73-1344665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPAMERICA, INC.
1525 S. ANDREWS AVE., STE 216
SUITE 105
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

HAFF, TULA M ESQUIRE
3399 CYPRESS GARDENS RD
STE C
WINTER HAVEN, FL 33884 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: TULA MICHELE HAFF, ESQUIRE

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATHEWSON, ANTHONY K
Address: 250 E. PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: S () Delete
Name: BRADLEY, HELENE M
Address: 250 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: BRADLEY, HELENE M
Address: 250 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HERSHNER, DEBORAH L
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: STD (X) Change () Addition
Name: BRADLEY, HELENE M
Address: 244 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: PD (X) Change () Addition
Name: RUMFELT, THOMAS B
Address: 244 E PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS B RUMFELT

PD

01/31/2006

Electronic Signature of Signing Officer or Director

Date