2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P96000018524

Entity Name: INTERRISK CONCEPTS, INC.

Current Principal Place of Business:

300 N. COUNTY RD.
STE. 102
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

300 N. COUNTY RD.
STE. 102
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3364082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZICCARDI, JOHN M CEO
Address: 300 N COUNTY ROAD 427, STE 102
City-St-Zip: LONGWOOD, FL 32750

Title: VSTD (X) Delete
Name: ZICCARDI, ELIZABETH I
Address: 492 ALINOLE LOOP
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN M. ZICCARDI PRES 01/31/2006

Electronic Signature of Signing Officer or Director Date