

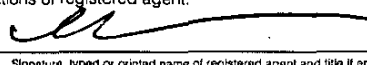
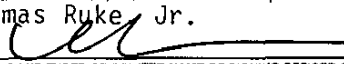


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 004 ***150.00

DOCUMENT # P9600097879 1. Entity Name CONSULTANTS IN RISK MANAGEMENT AND INSURANCE, INC.							
Principal Place of Business 3443 HANCOCK BRIDGE PARKWAY SUITE 102 NORTH FORT MYERS, FL 33903			Mailing Address 3443 HANCOCK BRIDGE PARKWAY SUITE 102 NORTH FORT MYERS, FL 33903				
2. Principal Place of Business 3660 Central Ave.		3. Mailing Address P.O. Box 2030					
Suite, Apt. #, etc. Suite F		Suite, Apt. #, etc. 					
City & State Ft. Myers, FL		City & State Ft. Myers, FL					
Zip 33901	Country Lee	Zip 33902	Country Lee				
02022005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0724185		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RUKE, M. THOMAS JR 3443 HANCOCK BRIDGE PARKWAY SUITE 102 NORTH FORT MYERS, FL 33903			
7. Name and Address of New Registered Agent Name Ruke, M. Thomas, Jr. Street Address (P.O. Box Number is Not Acceptable) 3660 Central Ave. Suite F City Ft. Myers FL Zip Code 33901				8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  M. Thomas Ruke, Jr., President 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUKE, M. THOMAS JR 3443 HANCOCK BRIDGE PARKWAY NORTH FORT MYERS, FL 33903			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ruke, M. Thomas Jr. 3660 Central Ave, Suite F Ft. Myers, FL 33901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  M. Thomas Ruke, Jr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/12/05 <small>Date</small>		239-997-4084 <small>Daytime Phone #</small>	