

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003080

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: INSURANCE RISK ASSESSMENT ANALYSTS, INC.

## Current Principal Place of Business:

1778 PARK AVENUE NORTH  
SUITE 111  
MAITLAND, FL 32751

## New Principal Place of Business:

1778 PARK AVENUE NORTH  
SUITE 111A  
MAITLAND, FL 32751

## Current Mailing Address:

1778 PARK AVENUE NORTH  
SUITE 111  
MAITLAND, FL 32751

## New Mailing Address:

1778 PARK AVENUE NORTH  
SUITE 111A  
MAITLAND, FL 32751

FEI Number: 59-3419289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIVINGSTONE, RONALD  
1778 PARK AVENUE NORTH  
SUITE 111  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

LIVINGSTONE, RON  
1778 PARK AVENUE NORTH  
SUITE 111A  
MAITLAND, FL 32751 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: RON LIVINGSTONE

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: LIVINGSTONE, RON  
Address: 1778 PARK AVENUE N., SUITE 111  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: LIVINGSTONE, SUSAN J  
Address: 1778 PARK AVENUE N., SUITE 111  
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Delete  
Name: BEASLEY, DAVID L  
Address: 309 BALFOUR DR.  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: V (X) Delete  
Name: LIVINGSTONE, AVRI L  
Address: 1578 WESCOTT LOOP  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: LIVINGSTONE, RON  
Address: 1778 PARK AVENUE N., SUITE 111A  
City-St-Zip: MAITLAND, FL 32751

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

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 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: RON LIVINGSTONE

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date