

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003080

FILED
Apr 16, 2009
Secretary of State

Entity Name: INSURANCE RISK ASSESSMENT ANALYSTS, INC.

Current Principal Place of Business:

1778 PARK AVENUE NORTH
SUITE 111A
MAITLAND, FL 32751

New Principal Place of Business:

855 E. STATE ROAD 434
SUITE 2209A
WINTER SPRINGS, FL 32708

Current Mailing Address:

1778 PARK AVENUE NORTH
SUITE 111A
MAITLAND, FL 32751

New Mailing Address:

855 E. STATE ROAD 434
SUITE 2209A
WINTER SPRINGS, FL 32708

FEI Number: 59-3419289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LIVINGSTONE, RON
855 E. STATE ROAD 434
SUITE 2209A
WINTER SPRINGS, FL 32708 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:

04/16/2009

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 111A
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: LIVINGSTONE, RON
Address: 855 E. STATE ROAD 434, SUITE 2209A
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change () Addition
Name: LIVINGSTONE, SUSAN J
Address: 855 E. STATE ROAD 434, SUITE 2209A
City-St-Zip: WINTER SPRINGS, FL 32708

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

PS

04/16/2009

Electronic Signature of Signing Officer or Director

Date