

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000003080

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE RISK ASSESSMENT ANALYSTS, INC.

**Current Principal Place of Business:**

541 SOUTH ORLANDO AVENUE  
SUITE 209  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

541 SOUTH ORLANDO AVENUE  
SUITE 209  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-3419289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIVINGSTONE, SUSAN  
541 SOUTH ORLANDO AVENUE  
SUITE 209  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

LIVINGSTONE, RON  
541 SOUTH ORLANDO AVENUE  
SUITE 209  
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

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LIVINGSTONE, RON  
Address: 541 SOUTH ORLANDO AVENUE, SUITE 209  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: RON LIVINGSTONE

D

03/22/2012

Electronic Signature of Signing Officer or Director

Date