2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000021356

1. Entity Name
RISK TRANSFER SYSTEMS, INC.

Principal Place of Business	Mailing Address
536 E. TARPON AVE., STE. 2 TARPON SPRINGS, FL 34689	536 E. TARPON AVE., STE. 2 TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3435779	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARO, PAUL V
536 E. TARPON AVE., STE. 2
TARPON SPRINGS, FL 34689

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

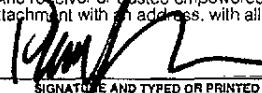| **FILE NOW!!! FEE IS $150.00** **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FERRARO, PAUL V
STREET ADDRESS	536 E TARPON AVE #2
CITY-ST-ZIP	TARPON SPRGS, FL 34689

U00000321919
04/21/05-80098-009 158.75

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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: _____ PAUL V. FERRARO _____   727 937- 5171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #