## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 19, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P97000021356** RISK TRANSFER SYSTEMS, INC. Principal Place of Business Mailing Address 536 E. TARPON AVE., STE. 2 536 E. TARPON AVE., STE. 2 TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 04092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3435779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FERRARO, PAUL V 536 E. TARPON AVE., STE. 2 TARPON SPRINGS, FL 34689 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS TITLE DPST FERRARO, PAUL V NAME STREET ADDRESS 536 E TARPON AVE #2 CITY-ST-ZIP TARPON SPRGS, FL 34689 /::U000000717019; TITLE 04/30/07#80030#024 150:00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attachy

SIGNATURE:

STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Paul V. Ferraro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

413/2007

31-5171 Daytime Phone #