2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P97000036466

Entity Name: RISCORP STAFFING SOLUTIONS I, INC.

Current Principal Place of Business:

1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239 US

New Principal Place of Business:

1924 S OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239 US

Current Mailing Address:

PO BOX 1329
SARASOTA, FL 34230 US

New Mailing Address:

PO BOX 3559
SARASOTA, FL 34230 US

FEI Number: 65-0753708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINNESS, W. LEE
1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRIFFIN, WILLIAM D
Address: 1924 SOUTH OSPREY AVENUE, SUITE 202
City-St-Zip: SARASOTA, FL 34239

Title: VPST ( ) Delete
Name: GRIFFIN, JOHN F
Address: 1924S OSPREY AVE, STE 202
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRIFFIN, WILLIAM D
Address: 1924 S OSPREY AVENUE, SUITE 202
City-St-Zip: SARASOTA, FL 34239

Title: VPST (X) Change ( ) Addition
Name: GRIFFIN, JOHN-FORD
Address: 1924 S OSPREY AVE, SUITE 202
City-St-Zip: SARASOTA, FL 34239

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: WILLIAM D GRIFFIN PRES 04/23/2009

Electronic Signature of Signing Officer or Director Date