


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90052 044 ***150.00

DOCUMENT # P97000046000 1. Entity Name RISK, INC.			
Principal Place of Business 1400 N STATE RD 7 MARGATE, FL 33063 US		Mailing Address 1400 N STATE RD 7 MARGATE, FL 33063 US	
2. Principal Place of Business - No P.O. Box # 5217 Coconut Creek Pkwy Suite, Apt. #, etc.		3. Mailing Address 5217 Coconut Creek Pkwy Suite, Apt. #, etc.	
City & State Margate, Florida Zip 33063		City & State Margate, Florida Zip 33063	
Country Broward		Country Broward	
4. FEI Number 65-0755602		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARSALLONE, MARIA L 1400 N STATE RD 7 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name Maria L. Varsallone Street Address (P.O. Box Number is Not Acceptable) 5217 Coconut Creek Parkway City Margate FL Zip Code 33063	
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 <u><i>Maria L. Varsallone</i></u> DATE <u>3/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARSALLONE, MARIA L 1400 N STATE RD 7 CORAL SPRINGS, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Maria L. Varsallone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/13/07 (954) 968-7508</u> <small>Date Daytime Phone #</small>	