


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90131 041 ***150.00

DOCUMENT # P99000030253	
1. Entity Name WRI EMPLOYERS INSURANCE, INC.	

Principal Place of Business 4400 N. CONGRESS AVENUE SUITE 250 WEST PALM BEACH, FL 33407	Mailing Address 4400 N. CONGRESS AVENUE SUITE 250 WEST PALM BEACH, FL 33407
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40045434



03152007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0927588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OASIS OUTSOURCING ATTN:TERRY MOYETTE 4400 N CONGRESS AVE #250 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEMANN, CHARLES	NAME	
STREET ADDRESS	1001 BRICKELL BAY DR 27TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MNAYMNEH, SAMI	NAME	
STREET ADDRESS	1001 BRICKELL BAY DR 27TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	TCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYOTTE, TERRACE A	NAME	
STREET ADDRESS	4400 N CONGRESS AVE 250	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RICK	NAME	
STREET ADDRESS	1001 BRICKELL BAY RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, STEPHEN	NAME	
STREET ADDRESS	4400 N CONGRESS AVE 250	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	Mark Perlberg
CITY-ST-ZIP		CITY-ST-ZIP	4400 N Congress Ave Ste 250 West Palm Beach, FL 33407

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: 	mark Perlberg 3-15-2007 561-227-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #