2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P99000030253

Entity Name: WRI EMPLOYERS INSURANCE, INC.

Current Principal Place of Business:

2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2054 VISTA PARKWAY STE 300
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0927588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OASIS OUTSOURCING ATTN:TERRY MOYETTE
2054 VISTAPARKWAY STE 300
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

OASIS OUTSOURCING ATTN:TERRY MAYOTTE
2054 VISTAPARKWAY STE 300
WEST PALM BEACH, FL 33411 US

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: TERRY MAYOTTE 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TCFO ( ) Delete
Name: MAYOTTE, TERRACE A
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S ( ) Delete
Name: MELVIN, STEPHEN
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P ( ) Delete
Name: PERLBERG, MARK
Address: 2054 VISTA PARKWAY STE 300
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TERRANCE MAYOTTE TCFO 01/08/2009
Electronic Signature of Signing Officer or Director Date