

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90043 015 ***150.00

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03222006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000044093					
1. Entity Name RISK SERVICES INTERNATIONAL, INC.					
Principal Place of Business 1800 2ND ST., STE. 909 SARASOTA, FL 34236			Mailing Address PO BOX 2139 SARASOTA, FL 34230-2139 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0924108	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J ESQ. FOLEY & LARDNER 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, G. WAYNE		NAME		
STREET ADDRESS	1800 2ND ST., STE. 909		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKAVY, JONATHAN		NAME		
STREET ADDRESS	1501 WILSON BLVD., STE. 1110		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22209		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MICHAEL T		NAME		
STREET ADDRESS	1800 2ND ST., STE 909		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	CT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DANIEL		NAME		
STREET ADDRESS	3336 AIRPORT RD., STE 201		STREET ADDRESS		
CITY-ST-ZIP	BARRE, VT 05641		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, PAMELA		NAME		
STREET ADDRESS	3336 AIRPORT RD., STE 201		STREET ADDRESS		
CITY-ST-ZIP	BARRE, VT 05641		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, HEATHER		NAME		
STREET ADDRESS	1501 WILSON BLVD., STE 1110		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22209		CITY-ST-ZIP		

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____