2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000044093

Entity Name: RISK SERVICES INTERNATIONAL, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1800 2ND ST., STE. 909 SARASOTA, FL 34236				1800 2ND ST., STE. 909 E SARASOTA, FL 34236			
Current Mailing Address:				New Mailing Address:			
PO BOX 2139 SARASOTA, FL 342302139 US			1800 2ND ST., STE. 909 E SARASOTA, FL 34236 US				
FEI Number:	65-0924108	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
WOLFE, RANDOLPH J ESQ. FOLEY & LARDNER 100 N. TAMPA STREET, SUITE 2700 TAMPA, FL 33602 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.							
SIGNATUR		c Signature of Registered Agent	+			 Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CD (X) HARRIS, G. WAY 1800 2ND ST., S SARASOTA, FL	STE. 909		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HARKAVY, JONA	IN AVE., N.W., SUITE 310		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DPT () ROGERS, MICH. 1800 2ND ST., S SARASOTA, FL	STE 909		Title: Name: Address: City-St-Zip:	DPT (X) ROGERS, MICH 1800 2ND ST., S SARASOTA, FL	STE 909 E	
Title: Name: Address: City-St-Zip:	VPAS () I ROY, PAMELA 58 EAST VIEW L BARRE, VT 056	·		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ROSS, HEATHEI	IN AVE., N.W., SUITE 310		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LAITAIA, CHRIST	N ST 3RD FLOOR		Title: Name: Address: City-St-Zip:	KROIN, DAVID	Change () Addition ON ST 3RD FLOOR CT 06830	

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: HEATHER ROSS AS 03/24/2009