
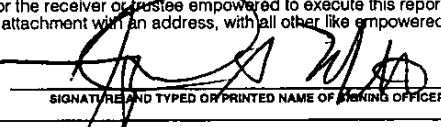


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90077 010 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P99000080477</b><br>1. Entity Name<br><b>AEQUICAP RISK MANAGERS, INC.</b>  |  |   |   |             |  |
| Principal Place of Business<br><b>3000 W CYPRESS CREEK RD<br/>FORT LAUDERDALE, FL 33309</b>  |  |   | Mailing Address<br><b>3000 W CYPRESS CREEK RD<br/>FORT LAUDERDALE, FL 33309</b>   |  |  |
| 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   | 4. FEI Number<br><b>65-1063196</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JONES, MATHEW T<br/>3000 W CYPRESS CREEK RD<br/>FORT LAUDERDALE, FL 33309</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STEPHENSON, MARK<br>3000 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D/C O O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MORGAMAN, PHILIP E<br>3000 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C E O R / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NICHOLS, NEIL C<br>3251 WASHINGTON BLVD.<br>ARLINGTON, VA 22201               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MORGAMAN, JUSTIN<br>3000 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVTC<br>GARDNER, DEBORAH S<br>3000 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D/S U R / C F O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SPRUCE, WILLIAM D<br>3000 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b>  <b>Jones, Matthew</b> 3/16/07 9544936565   |  |   |   |  |  |

**AEQUICAP RISK MANAGERS, INC.**  
**ADDITIONAL DIRECTORS AND OFFICERS:**

Title: P  
Name: Joseph A. Matteis  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: David B. Zuginan  
Street Address: 600 St. Andrews Road  
City-St-Zip: Hollywood, Florida 33021

Title: V,S  
Name: Matthew T. Jones  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: SVP  
Name: James E. Roberts  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D  
Name: Charlie King  
Street Address: 3251 Washington Blvd.  
City-St-Zip: Arlington, VA 22201

Title: V  
Name: Marilyn Peterson  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: SVP  
Name: Chris Parkinson  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Dawn Duxbury  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Brittany Rodgers  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Lovisone  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Nicole Boodram  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: John Pecoraro  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Susan M. Plochoki  
Street Address: 3000 W. Cypress Creek Rd.  
City-St-Zip: Ft. Lauderdale, Florida 33309