


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000085823 1. Entity Name RISK PROTECTION, INC.	
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Principal Place of Business 800 SECOND AVENUE SOUTH, SUITE 380 ST PETERSBURG, FL 33701	Mailing Address 800 SECOND AVENUE SOUTH, SUITE 380 ST PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3615837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LECOMPTE, MORRIS A  
800 SECOND AVENUE SOUTH, SUITE 380  
ST PETERSBURG, FL 33701

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY, PATRICK M 7203-121ST TERRACE LARGO, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LECOMPTE, MORRIS A 100-2ND AVE S SUITE 1201 SAINT PETERSBURG, FL 33701
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05/20/06-80011-024 150.00

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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: Patrick M Murphy 4-27-06 727-455-1987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #