


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90253 004 \*\*\*150.00

<b>DOCUMENT # S13169</b> 1. Entity Name <b>HARRIS RISK MANAGEMENT, INC.</b>					
Principal Place of Business <b>550 SE MIZNER BLVD</b> <b>B505</b> <b>BOCA RATON, FL 33432</b>			Mailing Address <b>550 SE MIZNER BLVD</b> <b>B505</b> <b>BOCA RATON, FL 33432</b>		
2. Principal Place of Business <b>550 SE MIZNER BLVD</b> Suite, Apt. #, etc. <b>B505</b> City & State <b>BOCA RATON FL</b> Zip <b>33432</b>		3. Mailing Address <b>550 SE MIZNER BLVD</b> Suite, Apt. #, etc. <b>B505</b> City & State <b>BOCA RATON FL</b> Zip <b>33432</b>		4. FEI Number <b>65-0228000</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>PAIM BEACH</b>		Country <b>PAIM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARRIS, MARK R.</b> <b>550 SE MIZNER BLVD</b> <b>B505</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>HARRIS, MARK R.</b> <input type="checkbox"/> Delete <b>550 SE MIZNER BLVD #B505</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>HARRIS, MARSHA R.</b> <input type="checkbox"/> Delete <b>550 SE MIZNER BLVD #B505</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 another like empowered.					
<b>SIGNATURE:</b> <u>Mark R. Harris President</u> <b>1/11/06</b> <b>561-998-0999</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> <b>MARK R. HARRIS</b>					