

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123803

FILED
Apr 10, 2006
Secretary of State

Entity Name: PLAINTIFF INJURY ASSISTANCE CORPORATION

Current Principal Place of Business:

5380 GULF OF MEXICO DRIVE
SUITE 105-171
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

5380 GULF OF MEXICO DRIVE
SUITE 105-171
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-0383514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ANDREW H
1820 RINGLING BOULEVARD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUMAS, JACK W
Address: 2425 GULF OF MEXICO DRIVE, UNIT 7A
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: PETERSON, KATHLEEN
Address: 2425 GULF OF MEXICO DRIVE, UNIT 7A
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK W DUMAS

D

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date