


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 021 ***150.00

DOCUMENT # P04000085049			
1. Entity Name CLAIM QUEST, INC.			
Principal Place of Business 1032 ROBERTA ST VENICE, FL 34292		Mailing Address P.O. BOX # 1075 VENICE, FL 34285	
2. Principal Place of Business - No P.O. Box # 1245 SCHOONER LANE		3. Mailing Address Suite, Apt. #, etc.	
City & State VENICE FL		City & State	
Zip 34285		Country USA	
4. FEI Number 20-0437241		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRAL, MICHAEL 1032 ROBERTA ST VENICE, FL 34292		7. Name and Address of New Registered Agent Name BARRAL, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1245 SCHOONER LANE City VENICE FL Zip Code 34285	
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: MICHAEL BARRAL - PRESIDENT DATE: 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRAL, MICHAEL 1032 ROBERTA ST VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRAL, MICHAEL 1245 SCHOONER LANE VENICE, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHAEL BARRAL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/30/07	Daytime Phone #: (941) 485-5720