

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147634

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA CLAIMS CONSULTANTS OF PENSACOLA, INC.

Current Principal Place of Business:

362 GULF BFREEZE PARKWAY
SUITE 115
GULF BREEZE, FL 32562 US

New Principal Place of Business:

6561 SCENIC HWY
PENSACOLA, FL 32504 US

Current Mailing Address:

362 GULF BREEZE PARKWAY
SUITE 115
GULF BREEZE, FL 32562 US

New Mailing Address:

3321 SUGARTREE STREET
FLORIDA, FL 32504 US

FEI Number: 41-2156750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, EMILY M
6561 SCENIC HWY
PENSACOLA, FL 32504 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: PRES () Delete
Name: GREEN, EMILY M
Address: 362 GULF BREEZE PARKWAY # 115
City-St-Zip: GULF BREEZE, FL 32561 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GREEN, EMILY M
Address: 3321 SUGARTREE STREET
City-St-Zip: PENSACOLA, FL 32504 US

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: EMILY M. GREEN

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date