# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2010**
**Secretary of State**

DOCUMENT# P08000101950

**Entity Name:** A1A INSURANCE CLAIM SERVICES, INC.

**Current Principal Place of Business:**

9611 NORTH US 1
SUITE 343
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

1773 SKYLINE LANE
SEBASTIAN, FL 32958 US

**Current Mailing Address:**

9611 NORTH US 1
SUITE 343
SEBASTAIN, FL 32958 US

**New Mailing Address:**

283 4TH ST
SUITE 1
SEBASTIAN, FL 32958 US

**FEI Number: 26-3759586** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAVERLING, LILA
9611 NORTH US 1
SUITE 343
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

WEAVERLING, LILA
1773 SKYLINE LANE
SEBASTIAN, FL 32958 US

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: LILA WEAVERLING 04/27/2010
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: MILISITS, ROBERT
Address: 283 4TH ST - SUITE 1
City-St-Zip: JERSEY CITY, NJ 07302

I hereby 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 all other like empowered.

SIGNATURE: ROBERT N. MILISITS PRES 04/27/2010
Electronic Signature of Signing Officer or Director Date