

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078348

FILED
Jan 27, 2009
Secretary of State

Entity Name: EVEREST DISABILITY BENEFITS & CLAIM ANALYSTS, INC.

Current Principal Place of Business:

2907 BAY TO BAY BLVD.
212
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

701 S HOWARD AVE
STE 106 BOX 499
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3753820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2907 BAY TO BAY BLVD
SUITE 201
TAMPA, FL 33629 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: CPST () Delete
Name: ABELES, BRIAN
Address: P.O. BOX 14399
City-St-Zip: TAMPA, FL 33690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: ABELES, BRIAN
Address: 701 S. HOWARD AVE., SUITE 106, BOX 499
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN ABELES

CPST

01/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date