

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078348

**FILED**  
**Apr 29, 2010**  
**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:**

2907 BAY TO BAY BLVD.  
SUITE 212  
TAMPA, FL 33629

**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  
**Name:** ABELES, BRIAN  
**Address:** 701 S. HOWARD AVE., SUITE 106, BOX 499  
**City-St-Zip:** TAMPA, FL 33606

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: BRIAN ABELES

CPST

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date