

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


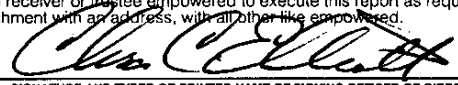
**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90042 041 \*\*\*150.00

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01102005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 525091</b>					
1. Entity Name <b>ELLIOTT CLAIMS SERVICE, INC.</b>					
Principal Place of Business P. O. BOX 990 DAYTONA BCH., FL 32115			Mailing Address P. O. BOX 990 DAYTONA BCH., FL 32115		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1714351</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ELLIOTT, CHRIS C.</b> <b>5934 BROKEN BOW LANE</b> <b>PORT ORANGE, FL 32127</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div> <div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></div> </div>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, CHRIS C			NAME	
STREET ADDRESS	5934 BROKEN BOW LANE			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127			CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, DAVID			NAME	
STREET ADDRESS	6540 METRO WEST BLVD., APT 323			STREET ADDRESS	4713 Windsor Avenue
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	Orlando, FL 32819
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, JAMES			NAME	
STREET ADDRESS	6113 HALF MOON DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date: 1/19/05 386-252-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	