

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004919

Entity Name: EAUTOCLAIMS.COM, INC.

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

110 EAST DOUGLAS RD.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

110 EAST DOUGLAS RD.  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 95-4583945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEIDEL, ERIC  
110 EAST DOUGLAS RD.  
OLDSMAR, FL 34677 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: DP ( ) Delete  
Name: SEIDEL, ERIC  
Address: 110 EAST DOUGLAS RD.  
City-St-Zip: OLDSMAR, FL 34677

Title: C ( ) Delete  
Name: DICKSON, JEFF  
Address: 110 EAST DOUGLAS RD.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: TRBOVICH, NICHOLAS JR  
Address: 1110 MAPLE STREET  
City-St-Zip: ELMA, NY 14059

Title: D ( ) Delete  
Name: KORGE, CHRISTOPHER  
Address: 230 PALERMO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: PENNINGTON, JOHN  
Address: 187 CLAXTON DR  
City-St-Zip: OAKVILLE, ONTARIO, ON L6J 4N8 CA

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: LARRY C COLTON

CFO

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date