

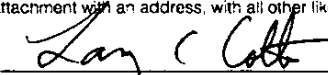


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90033 049 ***150.00

DOCUMENT # F00000004919 1. Entity Name EAUTOCLAIMS, INC.					
Principal Place of Business 110 EAST DOUGLAS RD. OLDSMAR, FL 34677			Mailing Address 110 EAST DOUGLAS RD. OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-4583945	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDEL, ERIC 110 EAST DOUGLAS RD. OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name JEFFREY D. DICKSON Street Address (P.O. Box Number is Not Acceptable) 110 EAST DOUGLAS RD. City OLDSMAR, FL Zip Code 34677	
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEIDEL, ERIC 110 EAST DOUGLAS RD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DICKSON, JEFF 110 EAST DOUGLAS RD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRBOVICH, NICHOLAS JR 1110 MAPLE STREET ELMA, NY 14059	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORGE, CHRISTOPHER 230 PALERMO AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, JOHN 187 CLAXTON DR OAKVILLE, ONTARIO, ON L6J 4N8	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC SEIDEL 114 SHORE DRIVE PLACE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEFFREY DICKSON 110 EAST DOUGLAS RD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAM AUSTIN LEWIS, IV 201 E. 87TH STREET, #5H NEW YORK, NY 10128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAM AUSTIN LEWIS, IV 201 E. 87TH STREET, #5H NEW YORK, NY 10128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAM AUSTIN LEWIS, IV 201 E. 87TH STREET, #5H NEW YORK, NY 10128	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  LARRY C. COLTON - CFO 4-5-07 913 749-1025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr</small>					