

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004919

Entity Name: EAUTOCLAIMS, INC.

FILED
Apr 22, 2009
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:

P.O. BOX 1947
OLDSMAR, FL 34677

FEI Number: 95-4583945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, JEFFREY D
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: DICKSON, JEFF
Address: 110 EAST DOUGLAS RD
City-St-Zip: OLDSMAR, FL 34677

Title: C (X) Delete
Name: LEWIS, WILLIAM A IV
Address: 201 E 87TH STREET, #5H
City-St-Zip: NEW YORK, NY 10128

Title: D (X) Delete
Name: COLTON, LARRY
Address: 110 EAST DOUGLAS RD
City-St-Zip: OLDSMAR, FL 34677

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DICKSON, JEFF
Address: 110 EAST DOUGLAS RD
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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: JEFFREY DICKSON

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date