


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000004507</b>	
<b>1. Entity Name</b> PREMIER CLAIM SERVICES, INC.	

<b>Principal Place of Business</b> 4711 EAST MCCAIN BLVD. NORTH LITTLE ROCK AR 72117	<b>Mailing Address</b> P.O. BOX 15550 LITTLE ROCK AR 72231-5550
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

	
1st MOORE	CR2E034 (10/04)
<b>4. FEI Number</b> 27-0007633	<b>Applied For</b> <input type="checkbox"/> Not Applicable

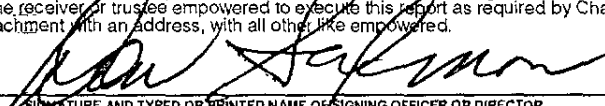
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>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</b>	
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>NAME</b> SALMON, DON <input type="checkbox"/> Delete	<b>TITLE</b> U00000315722 <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 04/19/05-80046-006 150.00
<b>STREET ADDRESS</b> 4711 EAST MCCAIN BLVD.	<b>CITY- ST- ZIP</b> NORTH LITTLE ROCK AR 72117	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b> VSTD	<b>NAME</b> SALMON, TOM <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 4711 EAST MCCAIN BLVD.	<b>CITY- ST- ZIP</b> NORTH LITTLE ROCK AR 72117	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY- ST- ZIP</b>

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-13-05</b> <b>501-945-4405</b> <small>Date Daytime Phone #</small>