

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002447

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: PALADIN CLAIMS RECOVERY, INC.

## Current Principal Place of Business:

96082 VIVTORIAS PLACE  
YULEE, FL 32097

## New Principal Place of Business:

96082 VICTORIAS PLACE  
YULEE, FL 32097

## Current Mailing Address:

96082 VIVTORIAS PLACE  
YULEE, FL 32097

## New Mailing Address:

96082 VICTORIAS PLACE  
YULEE, FL 32097

FEI Number: 91-1927715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ED  
96082 VICTORIAS PLACE  
YULEE, FL 32097 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: CP ( ) Delete  
Name: JOHNSON, ED  
Address: 96082 VICTORIAS PLACE  
City-St-Zip: YULEE, FL 32097

Title: DVPS ( ) Delete  
Name: MOON, SUSAN  
Address: 3737 EXECUTIVE CENTER DR,STE 200  
City-St-Zip: AUSTIN, TX 78731

Title: T ( ) Delete  
Name: MOON, SUSAN  
Address: 3737 EXECUTIVE CENTER DR,STE 200  
City-St-Zip: AUSTIN, TX 78731

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN JOHNSON

CP

01/13/2004

Electronic Signature of Signing Officer or Director

Date