

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000068

Entity Name: PROCLAIM AMERICA, INC.

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

9800 CENTRE PARKWAY, SUITE 650
HOUSTON, TX 77036 US

New Principal Place of Business:

Current Mailing Address:

1535 N DALE MABRY HIGHWAY
SUITE 202
LUTZ, FL 33548 US

New Mailing Address:

9800 CENTRE PARKWAY, SUITE 650
HOUSTON, TX 77036 US

FEI Number: 76-0512521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIMANO, KARIN
1535 N DALE MABRY HIGHWAY
SUITE 202
LUTZ, FL 33548 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COSTANTINO, JOSEPH J
Address: 3002 GOLDEN HILLS LANE
City-St-Zip: MISSOURI CITY, TX 77459 US

Title: V () Delete
Name: FERDENZI, CARL
Address: 31 FOX HOLLOW RIDINGS RD
City-St-Zip: NORTHPORT, NY 11768 US

Title: S () Delete
Name: DAVIS, DENNIS
Address: 1910 CRIMSON BERRY DR
City-St-Zip: KINGWOOD, TX 77345 US

Title: CTD () Delete
Name: BRENT, RANDALL P
Address: 3703 COLONY WOODS DR
City-St-Zip: SUGAR LAND, TX 77479 US

Title: VCD () Delete
Name: MOSIER, RHONDA
Address: 14718 CHARLMONT
City-St-Zip: HOUSTON, TX 77083 US

Title: EVP () Delete
Name: PHERON, JOSEPH
Address: 3310 ROBINSON RD
City-St-Zip: MISSOURI CITY, TX 77459

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: () 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: JOE COSTANTINO

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date