

F35081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

2010 APR 10 AM 10:10

TO: Amendment Section
Division of Corporations

SUBJECT: Claims Verification Incorporated
(Name of Corporation)

DOCUMENT NUMBER: F35081

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Howe
(Name of Person)

Claims Verification Incorporated
(Name of Firm/Company)

6700 N-Andrews Ave #200
(Address)

Fort Lauderdale, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

William Howe at (561) 866-7434
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

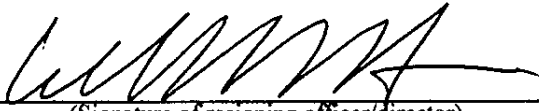
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, William Howe, hereby resign as Secretary
(Title)

of Claims Verification Incorporated,
(Name of Corporation)

F35081, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

2010 APR 10 AM 12:18

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314