2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003435

Entity Name: PARAMOUNT INSURANCE REPAIR SERVICE, INC.

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2418 BLACK GOLD CT HOUSTON, TX 77073 US					
Current Mailing Address:			New Mailing Address:		
2418 BLACK HOUSTON,		US			
FEI Number: 7	74-2753546	FEI Number Applied For () FEI Num	nber Not Applic	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	VPD () I KARM, DONALD 54 RIVA ROW THE WOODLANI		Title: Name: Address: City-St-Zip:		hange()Addition
Title: Name: Address: City-St-Zip:	KARM, DWIGHT	Delete NE PKWY WEST 387	Title: Name: Address: City-St-Zip:	()C	hange()Addition
Title: Name: Address: City-St-Zip:	VPD () I KARM, WAYLON 6738 FM 16 VAN, TX 75790	Delete I D	Title: Name: Address: City-St-Zip:	VPD (X) C KARM, WAYLON 2418 BLACK GOL HOUSTON, TX 77	_D COURT
Title: Name: Address: City-St-Zip:	PD () DEATON, CHARI 2418 BLACK GC HOUSTON, TX 7	LD CT	Title: Name: Address: City-St-Zip:	()C	hange () Addition
Title: Name: Address: City-St-Zip:	STD () ABBOTT, WILLIA 18700 PALM BE MONTGOMERY,	ACH BLVD.	Title: Name: Address: City-St-Zip:	()C	hange()Addition
Title: Name: Address: City-St-Zip:	VPD () WARD, ROBERT 20402 BRIGHTO SPRING, TX 773	NWOOD	Title: Name: Address: City-St-Zip:	VPD (X) C WARD, ROBERT 2418 BLACK GOL HOUSTON, TX 77	_D COURT

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: WILLIAM D ABBOTT S 07/09/2008