

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000765

Entity Name: DMA CLAIMS, INC.

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2804 GATEWAY OAKS DR. #200  
SACRAMENTO, CA 95833

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26004  
GLENDALE, CA 91226004

**New Mailing Address:**

FEI Number: 95-4424472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
236 6TH AVENUE  
TALLAHASSEE, FL 32303 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: PTD  
Name: REITZE, THOMAS J  
Address: 2804 GATEWAY OAKS DR. #200  
City-St-Zip: SACRAMENTO, CA 95833

Title: SVD  
Name: OHL, CHARLES N  
Address: 2804 GATEWAY OAKS DR. #200  
City-St-Zip: SACRAMENTO, CA 95833

I hereby 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 all other like empowered.

SIGNATURE: CHARLES N. OHL

SVD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date