2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# H10513

Entity Name: INSURANCE LOSS CONSULTANTS, INC.

Current Principal Place of Business:

200 ST. ANDREWS BLVD
#3610
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 418
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 59-2667593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, JANET E PRES
200 SAINT ANDREWS BLVD
#3610
WINTER PARK, FL 32792 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: PRES ( ) Delete
Name: ATKINS, JANET E
Address: 200 SAINT ANDREWS BLVD, #3610
City-St-Zip: WINTER PARK, FL 32792 US

Title: SEC ( ) Delete
Name: MCGAULEY, JOSEPH
Address: 610 DIANE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: MCGAULEY, JOSEPH
Address: P. O. BOX 418
City-St-Zip: WINTER PARK, FL 32790

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: JANET E. ATKINS PRES 03/19/2009

Electronic Signature of Signing Officer or Director Date