

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H43678

FILED
Apr 15, 2005
Secretary of State

Entity Name: ALL RISK CLAIMS SERVICES, INC.

Current Principal Place of Business:

10451 GULF BLVD
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 67008
TREASURE ISLAND, FL 337367008 US

New Mailing Address:

FEI Number: 59-2496212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORLEY, JOHN P
10451 GULF BOULEVARD
TREASURE ISLAND, FL 337064814 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: PD () Delete
Name: SUTACK, JOHN
Address: 10451 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST () Delete
Name: CORLEY, JOHN P
Address: 10451 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN L. SUTACK, JR.

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date