


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J70805
 1. Entity Name
A-1 CLAIMS SERVICES, INC.



| | |
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| Principal Place of Business 816 NE 52ND STREET POMPANO BEACH, FL 33064 | Mailing Address 816 NE 52ND STREET POMPANO BEACH, FL 33064 |
|--|--|



02052006 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2821655 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTIER, PATRICIA A
 816 NE 52ND STREET
 POMPANO BEACH, FL 33064

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POITIER, PATRICIA 342 SE 1ST TERRACE DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V POITIER, DARIUS 816 NE 52ND STREET POMPANO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KNOWLES, STEPHANIE 249 S.W. 2ND STREET DEERFIELD BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/01/06-80008-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Patricia Poitier* Date 2/14/06 Daytime Phone # 954/426-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR