


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 017 ***150.00

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



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

50001310



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-2821655 Not Applicable

Zip Country Zip Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POITIER, PATRICIA	
STREET ADDRESS	342 SE 1ST TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	POITIER, DARIUS	
STREET ADDRESS	816 NE 52ND STREET	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	KNOWLES, STEPHANIE	
STREET ADDRESS	249 S.W. 2ND STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **4/16/07** Date Daytime Phone #

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POMPANO BEACH, FL 33064

Mailing Address
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POMPANO BEACH, FL 33064

ATTACHMENT
50001310



DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2821655	Applied For Not Applicable
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PORTIER, PATRICIA A
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POMPANO BEACH, FL 33064

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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
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STREET ADDRESS CITY-ST-ZIP	342 SE 1ST TERRACE DEERFIELD BEACH, FL
TITLE NAME	V POITIER, DARIUS
STREET ADDRESS CITY-ST-ZIP	816 NE 52ND STREET POMPANO BEACH, FL 33064
TITLE NAME	S KNOWLES, STEPHANIE
STREET ADDRESS CITY-ST-ZIP	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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SIGNATURE: *Patricia Portier* Date: 4/16/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR