

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068719

Entity Name: CLAIMHELPERS.COM, L.L.C.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

745 SABRINA TERRACE SW
VERO BEACH, FL 32968

New Principal Place of Business:

745 SARINA TERRACE SW
VERO BEACH, FL 32968

Current Mailing Address:

745 SABRINA TERRACE SW
VERO BEACH, FL 32968

New Mailing Address:

745 SARINA TERRACE SW
VERO BEACH, FL 32968

FEI Number: 55-0901553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., STE. A210
VERO BEACH, FL 329607103 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRACY, BRIAN R
Address: 745 SABRINA TERRACE SW
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM () Delete
Name: PARADISE, PATRICK A
Address: 145 43RD COURT
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRACY, BRIAN R
Address: 745 SARINA TERRACE SW
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM (X) Change () Addition
Name: PARADISE, PATRICK A
Address: 2055 15TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN R. TRACY

MGRM

01/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date