2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089949

Entity Name: INSURANCE CLAIM EXPERTS, LLC

FILED Jan 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8428 ARIMA LANE 3702 BRIDGEWOOD DRIVE WELLINGTON, FL 33414 BOCA RATON, FL 33434

Current Mailing Address: New Mailing Address:

3702 BRIDGEWOOD DRIVE 8428 ARIMA LANE WELLINGTON, FL 33414 BOCA RATON, FL 33434

FEI Number: 20-3453179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCMILLAN, IAIN WOLFMAN, HOWARD 8428 ARIMÁ LANE 3702 BRIDGEWOOD DRIVE WELLINGTON, FL 33414 US BOCA RATON, FL 33434

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: HOWARD WOLFMAN

01/20/2007 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition WOLFMAN, HOWARD WOLFMAN, HOWARD Name: Name: Address: 8428 ARIMA LANE Address: 3702 BRIDGEWOOD DRIVE City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: BOCA RATON, FL 33434

Title: MGR (X) Delete Title: () Change () Addition

Name: MCMILLAN, IAIN Name: Address: 8428 ARIMA LANE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: HOWARD WOLFMAN 01/20/2007