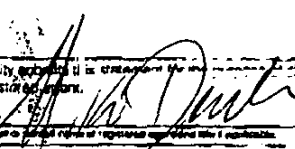
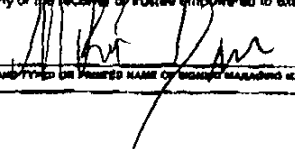


FILED
Jul 02, 2007 8:00 am
Secretary of State

05-29-2007 90286 001 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06099117392			
1. Entity Name CLAIMS ADJUSTING GROUP LLC			
Principal Place of Business 6231 PEMBROKE RD HOLLYWOOD, FL 33023 US		6231 PEMBROKE RD HOLLYWOOD, FL 33023 US	
2. Principal Place of Business - N.E. P.O. Box #		3. Mailing Address 6262 SW 195th Ave	
Suite, Apt. #, etc.		City & State Pembroke Pines FL	
City & State		Zip 33332	
Country FL		County Broward	
4. Name and Address of Current Registered Agent DARWISH, MICHAEL 6231 PEMBROKE RD HOLLYWOOD, FL 33023		5. Name and Address of New Registered Agent MICHAEL DARWISH 6262 SW 195th Ave Pembroke Pines FL 33332	
6. The above named entity certifies it is organized for the purposes of registered agent or agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 			
Filing Fee: \$50.00 Due by September 14, 2007		More check payable to Florida Department of State	
7. ADDITIONAL CHANGES			
TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023		TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023	
TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023		TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023	
TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023		TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023	
TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023		TITLE NAME MGR DARWISH, MICHAEL STREET ADDRESS 6231 PEMBROKE RD CITY-ST-ZIP HOLLYWOOD, FL 33023	
11. 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 is true and accurate and that my 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 officer or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: 			

30011387

TAX ID #
20-8176154

05232007 Cng-LLC CR2ED83 (12/08)

20-8176154 Applied For
Not Applicable

5. Certificate of Status Declined \$5.00 Additional Fee Required

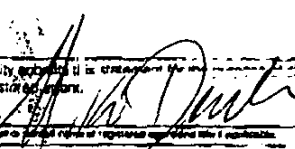
7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City-State-Zip

Pembroke Pines FL 33332

8. The above named entity certifies it is organized for the purposes of registered agent or agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

Filing Fee: \$50.00 Due by September 14, 2007

More check payable to Florida Department of State

7. ADDITIONAL CHANGES

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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