



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90191 029 \*\*\*150.00

<b>DOCUMENT # L34403</b> 1. Entity Name <b>CLAIMS CAPABILITIES, INC.</b>					
Principal Place of Business <b>3113 LAWTON ROAD STE 250 ORLANDO, FL 32803</b>			Mailing Address <b>3113 LAWTON ROAD STE 250 ORLANDO, FL 32803</b>		
2. Principal Place of Business <b>610 Crescent Exec. Center</b>		3. Mailing Address <b>610 Crescent Exec. Center</b>			
Suite, Apt. #, etc. <b>210</b>		Suite, Apt. #, etc. <b>210</b>		04252006    Chg-P    CR2E034 (11/05)	
City & State <b>Lake Mary, FL</b>		City & State <b>Lake Mary, FL</b>		4. FEI Number <b>59-2981124</b>	
Zip    Country <b>32746    USA</b>		Zip    Country <b>32746    USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>LAWTON, WILLIAM E., ESQUIRE 201 EAST PINE STREET 12TH FLOOR ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT KEENE, JOSEPH 4401 E. COLONIAL DR ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>610 Crescent Exec. Center, #210 Lake Mary, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MCMILLAN, JAMES 4401 E. COLONIAL DRIVE ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>610 Crescent Exec. Center, #210 Lake Mary, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <b>Joseph A. Keene</b> <b>4/24/06</b> <b>941 926 2203</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					