2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# M05000004766

Entity Name: G W CATASTROPHE SERVICES, LLC

Current Principal Place of Business:

4536 BIRCHMAN AVE
FT. WORTH, TX 76107

New Principal Place of Business:

Current Mailing Address:

4536 BIRCHMAN AVE
FT. WORTH, TX 76107

New Mailing Address:

FEI Number: 75-2816958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HICKS, GEORGE WADE
697 LLOYD STREET
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

FLOWERS, DALE A
728 PARKSIDE POINTE BLVD
APOPKA, FL 32712 US

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: DALE A FLOWERS 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: NICKS, G.WADE
Address: 4536 BIRCHMAN AVE
City-St-Zip: FORT WORTH, TX 76107

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: HICKS, GEORGE W
Address: 4536 BIRCHMAN AVE
City-St-Zip: FORT WORTH, TX 76107

I hereby certify that the information supplied with this filing does not qualify 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: DALE A FLOWERS CFO 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date