2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N32610

Entity Name: ASSOCIATION OF WORKERS' COMPENSATION CLAIMS PROFESSIONALS, INC.

Current Principal Place of Business:

16011 N. NEBRASKA AVE.
STE 105
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 46879
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 65-0156279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREER, JAMES W
16011 N. NEBRASKA AVE.
STE 105
LUTZ, FL 33549 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: O'HALLORAN, BOB
Address: PO BOX 3623
City-St-Zip: LAKELAND, FL 33802

Title: DVP ( ) Delete
Name: AGOSTO, MARISOL
Address: 14043 ZEPHERMOOR LANE
City-St-Zip: WINTER GARDEN, FL 34784

Title: DVC ( ) Delete
Name: TEGENKAMP, ALISON
Address: 9501 PRINCESS PALM
City-St-Zip: TAMPA, FL 33619

Title: DC ( ) Delete
Name: ALLEN, MARIA
Address: 438 MOHAVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: DT ( ) Delete
Name: FORD, FRANCES
Address: 9501 PRINCESS PALM AVENUE STE 101
City-St-Zip: SARASOTA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: HILSTON, JACKIE
Address: 1390 MAIN STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVC (X) Change ( ) Addition
Name: FORD, FRANCES
Address: 9501 PRINCESS PALM
City-St-Zip: TAMPA, FL 33619

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: STANISIC, MELANIE
Address: 301 E. PINE STREET, SUITE 350
City-St-Zip: ORLANDO, FL 32801

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. GREER DIR 01/08/2007

Electronic Signature of Signing Officer or Director — Date