2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N93000003435

Entity Name: TOTAL CLAIMS ADMINISTRATION, INC.

Current Principal Place of Business:

1608 SE 3RD AVE
SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P O BOX 21128
FT LAUDERDALE, FL 33335128 US

New Mailing Address:

FEI Number: 65-0431529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KISHBAUGH, TROY A
303 S.E. 17TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

SHAPIRO, KIMBERLY
303 S.E. 17TH STREET
FORT LAUDERDALE, FL 33316 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: KIMBERLY SHAPIRO 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRANT, PAULINE
Address: 303 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: STD ( ) Delete
Name: WALLACE, ARTHUR
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD ( ) Delete
Name: GRANT, PAULINE
Address: 303 SE 17ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D (X) Delete
Name: LEVINE, SPENCER
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LEVINE, SPENCER
Address: 303 SE 17ST
City-St-Zip: FORT LAUDERDALE, FL 33316

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

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 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: PAULINE GRANT PRES 02/11/2009
Electronic Signature of Signing Officer or Director Date