

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001907

FILED
Apr 28, 2006
Secretary of State

Entity Name: CLAIMS SUPPORT PROFESSIONALS ASSOCIATION, INC.

Current Principal Place of Business:

2455 E SUNRISE BLVD
SUITE 1201
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

2455 E SUNRISE BLVD
SUITE 1201
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0484327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOGGE, JAMES R
2455 E SUNRISE BLVD
SUITE 1201
FORT LAUDERDALE, FL 33304 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: D () Delete
Name: HOGGE, JAMES R
Address: 2455 E SUNRISE BLVD #1201
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: HOGGE, JAMES H
Address: 7170 N.W. 21 CT.
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: HOGGE, THOMAS A
Address: 9320 N.W. 38 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: HOGGE, PATRICIA U
Address: 2455 E SUNRISE BLVD #1201
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 R HOGGE

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date