

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041497

FILED
Apr 27, 2005
Secretary of State

Entity Name: INSURANCE CLAIMS MANAGEMENT INC.

Current Principal Place of Business:

1 NW 89 STREET
EL PORTAL, FL 33150

New Principal Place of Business:

Current Mailing Address:

1 NW 89 STREET
EL PORTAL, FL 33150

New Mailing Address:

FEI Number: 65-1002005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEN-AIME, STANLEY
1 NW 89 STREET
EL PORTAL, FL 33150 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BREN AIME, STANLEY
Address: 1 NW 89 ST
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BIEN AIME, STANLEY
Address: 1 NW 89 ST
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY BIEN-AIME

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04/27/2005

Electronic Signature of Signing Officer or Director

Date