2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053950

P.O. BOX 51473

JACKSONVILLE, FL 32240

Address:

City-St-Zip:

Entity Name: COMPLETE CLAIMS SERVICES, INC.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2999 HARTLEY RD #102 1401 PENMAN ROAD JACKSONVILLE, FL 32257 SUITE B JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** PO BOX 551260 JACKSONVILLE, FL 32255 FEI Number: 59-3649444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANSBACHER & SCHNEIDER PA 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARRIS, DAVID T Name: Name: P.O. BOX 51473 Address: Address: City-St-Zip: JACKSONVILLE, FL 32240 City-St-Zip: Title: DVST Title: () Change () Addition () Delete Name: TAUNTON, BRADLEY PAUL 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HARRIS P 02/13/2009