2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# P00000053950

Entity Name: COMPLETE CLAIMS SERVICES, INC.

Current Principal Place of Business:

1401 PENMAN ROAD
SUITE B
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

PO BOX 51473
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 59-3649444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: HARRIS, DAVID T
Address: P.O. BOX 51473
City-St-Zip: JACKSONVILLE, FL 32250

Title: DVST
Name: TAUNTON, BRADLEY PAUL
Address: P.O. BOX 51473
City-St-Zip: JACKSONVILLE, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: DAVID T. HARRIS DP 03/18/2011

Electronic Signature of Signing Officer or Director Date