2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P02000005530

Entity Name: PROPERTY CLAIMS, INC.

Current Principal Place of Business:

6479 BIKINI RD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6479 BIKINI RD
SARASOTA, FL 34241

New Mailing Address:

5824 BEE RIDGE ROAD
#328
SARASOTA, FL 34233

FEI Number: 02-0574375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IERULLI, PAM S
4738 CHARING CROSS ROAD
SARASOTA,, FL 34241 US

Name and Address of New Registered Agent:

IERULLI, PAM S
4480 SATINLEAF LANE
SARASOTA,, FL 34241 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: 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: IERULLI, PAM S
Address: 4738 CHARING CROSS ROAD
City-St-Zip: SARASOTA, FL 34241

Title: V ( ) Delete
Name: IERULLI, NICHOLAS
Address: 4738 CHARING CROSS ROAD
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: IERULLI, PAM S
Address: 4480 SATINLEAF LANE
City-St-Zip: SARASOTA, FL 34241

Title: V (X) Change ( ) Addition
Name: IERULLI, NICHOLAS
Address: 4480 SATINLEAF LANE
City-St-Zip: SARASOTA, FL 34241

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM IERULLI PD 05/01/2006
Electronic Signature of Signing Officer or Director Date