


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90017 019 \*\*\*150.00

<b>DOCUMENT # P02000039055</b>	
1. Entity Name <b>AMERICAN CLAIMS CONSULTANTS INC.</b>	

Principal Place of Business <b>3800 INVERRARY BLVD 100-C LAUDERHILL, FL 33319</b>	Mailing Address <b>3800 INVERRARY BLVD 100-C LAUDERHILL, FL 33319</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent
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DESLOUCHES, LOUIS J 7377 NW 49TH ST LAUDERHILL, FL 33319
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**20000532**



01032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0721706</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Applicable) <b>4561 NW 67th TERRACE</b>
City <b>LAUDERHILL</b>
State <b>FL</b>
Zip <b>33319</b>

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	<b>LOUIS J. DESLOUCHES</b>	<b>1-5-05</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DESLOUCHES, LADISLAVA <del>7277 NW 46TH ST</del> LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DESLOUCHES, LADISLAVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4561 NW 67th TERRACE</b> <b>LAUDERHILL, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DESLOUCHES, LOUIS J <del>7377 NW 46TH ST</del> LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DESLOUCHES, LOUIS J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4561 NW 67th TERRACE</b> <b>LAUDERHILL, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: 	<b>LOUIS J. DESLOUCHES</b>	<b>1/5/05</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**(954) 727-2555**