

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039055

FILED
May 14, 2009
Secretary of State

Entity Name: AMERICAN CLAIMS CONSULTANTS INC.

Current Principal Place of Business:

4846 N. UNIVERSITY DRIVE, #377
LAUDERHILL, FL 33351

New Principal Place of Business:

4846 N. UNIVERSITY DRIVE,
#377
LAUDERHILL, FL 33351

Current Mailing Address:

P.O. BOX 25264
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 01-0721706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESLOUCHES, LADISLAVA
4846 N. UNIVERSITY DRIVE #377
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

DESLOUCHES, LADISLAVA
4846 N. UNIVERSITY DRIVE
#377
LAUDERHILL, FL 33351 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:

05/14/2009

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: DP () Delete
Name: DESLOUCHES, LADISLAVA
Address: 4561 NW 67TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DESLOUCHES, LADISLAVA
Address: 4846 N UNIVERSITY DRIVE #377
City-St-Zip: LAUDERHILL, FL 33351

Title: VP () Change (X) Addition
Name: DESLOUCHES, LOUIS J SR.
Address: 4846 N. UNIVERSITY DRIVE #377
City-St-Zip: LAUDERHILL, FL 33351

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: LADISLAVA DESLOUCHES

DP

05/14/2009

Electronic Signature of Signing Officer or Director

Date