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Apr 09, 2007 8:00 am
Secretary of State
02-26-2007 90058 050 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000120142

1. Entity Name
LAMBRIGHT INSURANCE CLAIMS CONSULTANTS, INC.

66008379

01282007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
13899 BISCAYNE BLVD. SUITE 318 N. MIAMI BEACH, FL 33181	13899 BISCAYNE BLVD. SUITE 318 N. MIAMI BEACH, FL 33181

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
99 NW 183rd ST	99 NW 183rd ST
Suite, Apt. #, etc.: SUITE 232	Suite, Apt. #, etc.: SUITE 232
City & State: MIAMI GARDENS, FL	City & State: MIAMI GARDENS, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. FEI Number: 48-1286235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBRIGHT, ARTHUR
2805 DOLPHIN DRIVE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBRIGHT, ARTHUR 2805 DOLPHIN DRIVE MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBRIGHT, RUBY 2805 DOLPHIN DRIVE MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: [signature] ARTHUR LAMBRIGHT 4-4-2007 954-445-8815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #