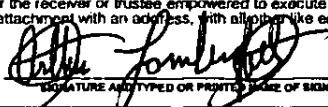


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000120142			
1. Entity Name LAMBRIGHT INSURANCE CLAIMS CONSULTANTS, INC.			
Principal Place of Business 13899 BISCAYNE BLVD. SUITE 318 N. MIAMI BEACH, FL 33181		Mailing Address 13899 BISCAYNE BLVD. SUITE 318 N. MIAMI BEACH, FL 33181	
2. Principal Place of Business - No P.O. Box # 99 NW 183 1/2 ST SUITE 232 City & State MIAMI FL Zip 33169 Country USA		3. Mailing Address 99 NW 183 1/2 ST SUITE 232 City & State MIAMI FL Zip 33169 Country USA	
4. FEI Number 48-1286235		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		01282007 Chg-P CR2E034 (12/06)	
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: _____ DATE: _____ (NOTE: Registered Agent signature required when reappointing)			
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 power like empowered. SIGNATURE:  ARTHUR LAMBRIGHT 4-9-2007 954-445-8815 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			