2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118501

Entity Name: STAR CLAIM SERVICES, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

490 SAWGRASS CORPORATE PARKWAY SUITE 110 SUNRISE, FL 33325

New Mailing Address: Current Mailing Address:

490 SAWGRASS CORPORATE PARKWAY 11899 WEST RIDGEVIEW DRIVE SUITE 110 DAVIE, FL 33330

SUNRISE, FL 33325

FEI Number: 20-0406239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARNEY, WILLIAM M SMITH, CHAPMAN L 915 MIDDLE RIVER DRIVE 2699 STIRLING ROAD SUITE 506 SUITE A-201 FORT LAUDERDALE, FL 33312 US FORT LAUDERDALE, FL 33304 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: CHAPMAN L. SMITH, ESQ 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition PSTD () Delete Title:

Title: FUXA, ANDREW JR. Name: Name:

490 SAWGRASS CORPORATE PARKWAY UNIT 110 Address: Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip:

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: ANDREW FUXA JR 04/15/2009 MR.