
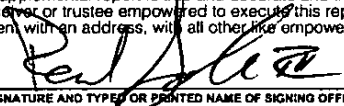



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90194 048 \*\*\*150.00

<b>DOCUMENT # P04000069681</b> 1. Entity Name <b>SAPHIRE CLAIMS, INC.</b>					
Principal Place of Business <b>1504 64TH STREET COURT EAST BRADENTON, FL 34208 US</b>			Mailing Address <b>5227 14TH STREET WEST BRADENTON, FL 34207 US</b>		
2. Principal Place of Business <b>4949 E. S/R 64</b>		3. Mailing Address <b>2335 J 63RD Ave EAST</b>			
Suite, Apt. #, etc. <b>M.B. 236</b>		Suite, Apt. #, etc. <b>J</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>		4. FEI Number <b>20-1065033</b>	
Zip <b>34208</b>		Country <b>MANATEE</b>		Zip <b>34203</b>	
Country <b>MANATEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HECKMAN, DONALD H 5227 14TH STREET WEST BRADENTON, FL 34207</b>			7. Name and Address of New Registered Agent Name <b>DONALD H. HECKMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2335 J 63RD Ave EAST</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34203</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SPANIOLA III, PAUL T 1504 64TH STREET COURT EAST BRADENTON, FL 34208</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4949 E. S/R 64 - MB #236 BRADENTON, FL 34208</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	
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 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.					
<b>SIGNATURE</b>  <b>President</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					