


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 042 ***150.00

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| DOCUMENT # P04000076446 |  |
| 1. Entity Name DISABILITY LAW CLAIMS, P.A. | |

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| Principal Place of Business 1136 SE 3RD AVE FORT LAUDERDALE, FL 33316 | Mailing Address 1136 SE 3RD AVE FORT LAUDERDALE, FL 33316 |
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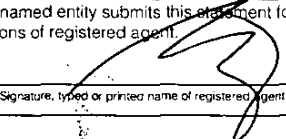
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| 2. Principal Place of Business - No P.O. Box # 1714 South Andrews Ave Suite 301 Suite, Apt. #, etc. Fort Lauderdale, FL City & State 33316 Zip USA Country | 3. Mailing Address PO Box 350038 Suite, Apt. #, etc. Fort Lauderdale, FL City & State 33335-0038 Zip USA Country |
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01042008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent ADAM S. NEIDENBERG, P.A. 1136 SE 3RD AVE FORT LAUDERDALE, FL 33316 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1714 South Andrews Ave Suite 301 Fort Lauderdale City FL Zip Code 33316 |
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| 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. | DATE 1-4-08 DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAVAN, KEN 1136 SE 3RD AVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1714 South Andrews Ave. Suite 301 Fort Lauderdale, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NEIDENBERG, ADAM 1136 SE 3RD AVE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1714 South Andrews Ave. Suite 301 Fort Lauderdale, FL 33316 |
| 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 |
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| 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 |

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| 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. |
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| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 1-4-08 Daytime Phone # 954-523-3870 |
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