

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092972

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: INSURANCE CLAIMS CENTER, INC.

## Current Principal Place of Business:

1700 66TH STREET NORTH  
SUITE 201  
ST. PETERSBURG, FL 33710

## Current Mailing Address:

P.O. BOX 40280  
ST. PETERSBURG, FL 33743

## New Principal Place of Business:

9825 HARRELL AVENUE  
503  
TREASUSRE ISLAND, FL 33706

## New Mailing Address:

P.O. BOX 41743  
ST. PETERSBURG, FL 33743

FEI Number: 20-1163742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LOWDER, CHARLOTTE H  
1700 66TH STREET NORTH  
SUITE 201  
ST. PETERSBURG, FL 33710 US

## Name and Address of New Registered Agent:

LOWDER, CHARLOTTE H  
9825 HARRELL AVENUE  
503  
TREASURE ISLAND, FL 33706 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: CHARLOTTE H LOWDER

03/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOWDER, CHARLOTTE H  
Address: 1700 66TH STREET NORTH, SUITE 201  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP (X) Delete  
Name: RINKERT, DONALD  
Address: 1700 66TH STREET NORTH, SUITE 201  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: S,T ( ) Delete  
Name: LOWDER, ROBERT W  
Address: 1700 66TH STREET NORTH, SUITE 201  
City-St-Zip: ST. PETERSBURG, FL 33710

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOWDER, CHARLOTTE H  
Address: 9825 HARRELL AVENUE #503  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: LOWDER, ROBERT W  
Address: 9825 HARRELL AVENUE #503  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLOTTE H LOWDER

PD

03/31/2006

Electronic Signature of Signing Officer or Director

Date