2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2010
Secretary of State

DOCUMENT# P04000092972

Entity Name: INSURANCE CLAIMS CENTER, INC.

Current Principal Place of Business:

9825 HARRELL AVENUE
503
TREASUSRE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLOTTE H LOWDER PD 05/04/2010

Electronic Signature of Signing Officer or Director — Date