2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122261

Entity Name: PREFERRED GOVERNMENTAL CLAIM SOLUTIONS, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
615 CRESENT EXECUTIVE COURT STE 600 LAKE MARY, FL 32746				615 CRESENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746			
Current Mailing Address:				New Mailing Address:			
615 CRESENT EXECUTIVE COURT STE 600 LAKE MARY, FL 32746				615 CRESENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746			
FEI Number: 20-1565528 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.							
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () HENDERSON, JI 220 S. RIDGEW DAYTONA BEAC	OOD AVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	BOONE, SAM	Delete DULEVARD, STE. 450 32861		Title: Name: Address: City-St-Zip:	VP (X BOONE, SAM 4401 E. COLOI ORLANDO, FL		
Title: Name: Address: City-St-Zip:	GRAMMIG, LAUI	N ST., STE. 1700		Title: Name: Address: City-St-Zip:	GRAMMIG, LAI	JR. BLVD.; SUITE 400	
Title: Name: Address: City-St-Zip:	VPAS () DONEGAN, THO 401 E. JACKSON TAMPA, FL 336	MAS M N ST., STE. 1700		Title: Name: Address: City-St-Zip:	DONEGAN, TH	JR. BLVD.; SUITE 400	
Title: Name: Address: City-St-Zip:	COTHRON, KEV	EXECUTIVE CT., STE. 600		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T () TINSLEY, THOI 220 S. RIDGEV DAYTONA BEA	VOOD AVE.	

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: LAUREL L. GRAMMIG S 03/23/2006