2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122261

Entity Name: PREFERRED GOVERNMENTAL CLAIM SOLUTIONS, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
615 CRESENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746				615 CRESCENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746			
Current Mailing Address:				New Mailing Address:			
615 CRESENT EXECUTIVE COURT SUITE 600 LAKE MARY, FL 32746				3101 W. DR. MARTIN LUTHER KING JR. BLVD. SUITE 400 TAMPA, FL 33607			
FEI Number: 2	20-1565528	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 3230	112525 US	rpose o	f changing it	s registered	d office or registered agent, or both,	
SIGNATUR							
01011/11011		ic Signature of Registered Agent	t			 Date	
Election Cam		Trust Fund Contribution ().					
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTOR	₹S
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BROWN, J. POV 220 S. RIDGEW DAYTONA BEAC	OOD AVENUE CH, FL 32114 Delete IIAL DRIVE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	V WALKER, C 220 S. RIDG	R BLVD., SUITE 450 FL 32819 (X) Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	GRAMMIG, LAU 3101 W. MLK, J TAMPA, FL 336 V,AS () DONEGAN, JR., 3101 W. MLK, J	R. BOULEVARD, SUITE 400 607 Delete THOMAS M R. BOULEVARD, SUITE 400		Title: Name: Address: City-St-Zip: Title: Name: Address:	VAS DONEGAN, 3101 W. DR	t. MARTIN LUTHER KING, SUITE 400 33607 (X) Change () Addition JR., THOMAS M t. MARTIN LUTHER KING, SUITE 400	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FAILLA, JOSEPI 220 SOUTH RID DAYTONA BEAC V (X) WALKER, COR	Delete H IGEWOOD AVENUE CH, FL 32114 Delete Y T IGEWOOD AVENUE		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:		(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 VS 04/01/2009

Electronic Signature of Signing Officer or Director

Date