

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128366

Entity Name: PEAK CLAIMS SERVICE, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

416 FARMINGTON DRIVE
PLANTATION, FL 33317

New Principal Place of Business:

6919 W. BROWARD BLVD
#255
PLANTATION, FL 33317

Current Mailing Address:

416 FARMINGTON DRIVE
PLANTATION, FL 33317

New Mailing Address:

6919 W. BROWARD BLVD.
#255
PLANTATION, FL 33317

FEI Number: 75-3166507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, SANFORD
416 FARMINGTON DRIVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

SIEGEL, SANFORD
6919 W. BROWARD BLVD.
#255
PLANTATION, FL 33317 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:

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SIEGEL, SANFORD
Address: 416 FARMINGTON DRIVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SIEGEL, SANFORD
Address: 6919 W. BROWARD BLVD. #255
City-St-Zip: PLANTATION, FL 33317

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: SANFORD SIEGEL

P

01/31/2007

Electronic Signature of Signing Officer or Director

Date