2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133513

Entity Name: INSURANCE CLAIM ADVOCATES INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 940102 1660 N. MAITLAND AVE. MAITLAND, FL 32794 MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

P.O. BOX 940102 MAITLAND, FL 32794

FEI Number: 20-3559687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POPE, KIMBERLY
513 OAK LANE
MAITLAND, FL 32751 US
POPE, KIMBERLY
1660 N. MAITLAND AVE.
MAITLAND, FL 32751 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: 05/01/2007

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 POPE, KIMBERLY
 Name:
 POPE, KIMBERLY

 Address:
 513 OAK LANE
 Address:
 P.O. BOX 940102

 City-St-Zip:
 MAILAND, FL 32751
 City-St-Zip:
 MAITLAND, FL 32794

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: KIMBERLY POPE P 05/01/2007