


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 015 ***150.00

DOCUMENT # P05000134511 1. Entity Name NATIONWIDE CLAIM FILING SERVICES, INC.					
Principal Place of Business 313 S MAGNOLIA AVE OCALA, FL 34474			Mailing Address 313 S MAGNOLIA AVE OCALA, FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address PO BOX 4353 Suite, Apt. #, etc.		
City & State			City & State OCALA FLORIDA		
Zip 34478		Country MARION		4. FEI Number 56-2540954	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name DEWEY L. FRANCO Street Address (P.O. Box Number is Not Acceptable) 8880 SW 27TH AVE A-81 City OCALA FL Zip Code 34476	
8. 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. I am familiar with, and accept the obligations of registered agent: DEWEY L. FRANCO SIGNATURE: <i>Dewey L. Franco President</i> DATE: 4-15-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRANCO, DEWEY L 313 S MAGNOLIA AVE OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEWEY L. FRANCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8880 SW 27TH AVE A-81 OCALA FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MICHAEL J. FRANCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 4353 3896 OCALA FL 34478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. DEWEY L. FRANCO SIGNATURE: <i>Dewey L. Franco President</i> DATE: 4-15-06 DAYTIME PHONE: 352-237-4790 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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