2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Emily Alama NATIONWIDE CLAIM FILING SERVICES, INC. Principal Place of Business			AIIIIVA	LKEFOKI			\sim		iry or so	,,,,,
COLAL FL 34474 COCAL FL 34474	DOCUMENT # P05000134511 1. Entity Name NATIONWIDE CLAIM FILING SERVICES, INC.							04-17-2006	90392 015 ***1:	50.00
Suite, Apt. # etc. Suite, Apt. # etc. Suite, A	Principal Place of Business 313 S MAGNOLIA AVE OCALA, FL 34474			313 S MAGNOLIA AVE		4005	1962			
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SPEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 or owner garden agent at the obligations of registered agent. FLE NOW!II FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution NAME PSTD NAME 1313 SMACNOLIA AVE 1313 SMACNOLIA AVE 1314 SMEET ADDRESS 1315 NACONOLIA AVE 1315 NACONOLIA AVE 1316 NACONORSS 1317 ST-2P 1316 NACONORSS 1317 ST-2P 1316 NACONORSS 1317 ST-2P 1318 NACONORSS 1319 NACONOLIA AVE 1311 NACONORSS 1311 NACONORSS 1312 NACONORSS 1314 NACONORSS 1315 NACONOLIA AVE 1316 NACONORSS 1317 ST-2P 1316 NACONORSS 1317 ST-2P 1318 NACONORSS 1	Zip		Country	Zip	Coun	trv		•	□ \$8.75 A	
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8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent. Purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent. Purpose of change in control of the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered algent a	1840 SW 22ND ST. 4TH FLOOR					Street Address	s (P.O. Box Number	is Not Acceptable	H-81	
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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.

SIGNATURE: SIGNATURE AND TOTAL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06

352-237-4790 Daytime Phone #