

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148203

FILED  
Aug 01, 2007  
Secretary of State

Entity Name: DISABILITY CLAIMS SERVICES, INC.

## Current Principal Place of Business:

2921 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

76468 DOVE ROAD  
YULEE, FL 32097

## Current Mailing Address:

2921 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

P.O. BOX 57  
YULEE, FL 320941

FEI Number: 20-3744817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARNETT, CYNTHIA  
2921 PARK SQUARE PLACE  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

ARNETT, CYNTHIA  
76468 DOVE ROAD  
YULEE, FL 32097 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:

08/01/2007

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:

Title: PVST ( ) Delete  
Name: ARNETT, CYNTHIA  
Address: 2921 PARK SQUARE PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: ARNETT, CYNTHIA  
Address: 2921 PARK SQUARE PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: ARNETT, CYNTHIA D  
Address: 76468 DOVE ROAD  
City-St-Zip: YULEE, FL 32097

Title: D (X) Change ( ) Addition  
Name: ARNETT, CYNTHIA  
Address: 76468 DOVE ROAD  
City-St-Zip: YULEE, FL 32097

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: CYNTHIA D. ARNETT

O/D

08/01/2007

Electronic Signature of Signing Officer or Director

Date