

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149622

FILED  
May 01, 2006  
Secretary of State

Entity Name: MEDICAL CLAIMS RESOURCES, INC.

## Current Principal Place of Business:

3148 CARIBBEAN DRIVE  
JACKSONVILLE, FL 32205 US

## New Principal Place of Business:

## Current Mailing Address:

3148 CARIBBEAN DRIVE  
JACKSONVILLE, FL 32205 US

## New Mailing Address:

FEI Number: 01-0850151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER, JACKIE  
3148 CARIBBEAN DRIVE  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

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:

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: P ( ) Delete  
Name: FOWLER, JACKIE  
Address: 3148 CARIBBEAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: TRES ( ) Delete  
Name: EUNICE, WANDA  
Address: 7932 SOUTHSIDE BLVD., #2410  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FOWLER, JACKIE  
Address: 3148 CARIBBEAN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACKIE FOWLER

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date