2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088511

830 BW 6 AVENUE

DANIA, FL 33004

Address:

City-St-Zip:

FILED May 14, 2007 Secretary of State

Entity Nar	ne: CLAIMSC	DLVE, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1320 S DIXIE HIGHWAY, SUITE 700 CORAL GABLES, FL 33146				1320 S DIXIE HIGHWAY, SUITE 700 CORAL GABLES, FL 33146			
Current Mailing Address:				New Mailing Address:			
1320 S DIX CORAL GA	(IE HIGHWAY ABLES, FL 33	, SUITE 700 146	SUITE 7 GAUTIER, MS 39553				
FEI Number:	20-5157975	FEI Number Applied For ()	FEI Num	ber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DELGADO, PEDRO F C.P.A. 1320 SOUTH DIXIE HIGHTAY, STE 700 CORAL GABLES, FL 33146 US				DELGADO, PEDRO F C.P.A. 1320 SOUTH DIXIE HIGHTAY, SUITE 700 CORAL GABLES, FL 33146 US			
	named entity of Florida.	submits this statement for the p	ourpose of	changing it	s registere	d office or registered agent, or both,	
SIGNATURE:				05/14/2007			
	Electron	nic Signature of Registered Age	ent			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive th	ne prior notice	е.		
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (X CLARK, RYAN 2070 GABLE R FLORENCE, S	IDGE DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HAYES, DAVID 611 COLWYN SAN ANTONIO	PASS		Title: Name: Address: City-St-Zip:	CEO HAYES, DA' 611 COLW' SAN ANTON		
Title: Name: Address: City-St-Zip:	D (X CORDO, CRIS 11435 SW 243 MIAMI, FL 330	TERRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D (X) Delete		Title:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DAVID A. HAYES CEO 05/14/2007