

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144058

FILED
Feb 24, 2009
Secretary of State

Entity Name: DISASTER CLAIMS SERVICE INC.

Current Principal Place of Business:

2675 SEWALL'S LANDINGS WAY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

2675 SEWALL'S LANDINGS WAY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 20-5886772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARTHUR CABRAL JR.
2675 NE SEWALLS LANDING WAY
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

CABRAL JR., ARTHUR P
2675 NE SEWALLS LANDING WAY
JENSEN BEACH, FL 34957 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: ARTHUR CABRAL JR.

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CABRAL, ARTHUR JR
Address: 2675 SEWALL'S LANDINGS WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P () Change (X) Addition
Name: CABRAL JR., ARTHUR P
Address: 2675 NE SEWALLS LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Change (X) Addition
Name: MICHAUD, JASON R VP
Address: 2675 NE SEWALLS LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Change (X) Addition
Name: MICHAUD, SANDRA P S
Address: 2675 NE SEWALLS LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957

Title: T () Change (X) Addition
Name: MICHAUD, SANDRA P T
Address: 2675 NE SEWALLS LANDING WAY
City-St-Zip: JENSEN BEACH, FL 34957

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: ARTHUR CABRAL JR.

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date