2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08000039337

Entity Name: INDEPENDENT CLAIMS SERVICES, INC.

Current Principal Place of Business:

90 EDGEWATER DR., #926
CORAL GABLES, FL 33133

New Principal Place of Business:

90 EDGEWATER DR., #812
CORAL GABLES, FL 33133

Current Mailing Address:

90 EDGEWATER DR., #926
CORAL GABLES, FL 33133

New Mailing Address:

90 EDGEWATER DR., #812
CORAL GABLES, FL 33133

FEI Number: 26-2434765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARAKADZE, PATRICK
90 EDGEWATER DR., #926
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

KARAKADZE, PATRICK
90 EDGEWATER DR., #812
CORAL GABLES, FL 33133 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: _____ 03/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KARAKADZE, PATRICK
Address: 90 EDGEWATER DR., #926
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PATRICK KARAKADZE D 03/24/2009
Electronic Signature of Signing Officer or Director — Date