

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042068

FILED
Mar 07, 2011
Secretary of State

Entity Name: INSURANCE CLAIM HELP INC

Current Principal Place of Business:

656 N ORANGE AVE
1126
ORLANDO, FL 32801

New Principal Place of Business:

615 DORY LANE
UNIT # 303
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

656 N ORANGE AVENUE
1126
ORLANDO, FL 32801

New Mailing Address:

615 DORY LANE
UNIT # 303
ALTAMONTE SPRINGS, FL 32714

FEI Number: 27-0165704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAZKO, TODD
656 N. ORANGE AVENUE
1126
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ROMAZKO, TODD
615 DORY LANE
UNIT # 303
ALTAMONTE SPRINGS, FL 32714 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:

03/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROMAZKO, TODD
Address: 615 DORY LANE UNIT # 303
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST
Name: CSERCSEVITS, BRIAN
Address: 1875 LAUREL BROOK LOOP
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: BRIAN CSERCSEVITS

ST

03/07/2011

Electronic Signature of Signing Officer or Director

Date