

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042068

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: INSURANCE CLAIM HELP INC

## Current Principal Place of Business:

615 DORY LANE  
UNIT # 303  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

2250 LEE RD  
SUITE 90  
WINTER PARK, FL 32789

## Current Mailing Address:

615 DORY LANE  
UNIT # 303  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

P. O. BOX 3586  
ORLANDO, FL 32802

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  
615 DORY LANE  
UNIT # 303  
ALTAMONTE SPRINGS, FL 32714 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

## 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: 1097 CRYSTAL BOWL CIRCLE  
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

01/06/2012

Electronic Signature of Signing Officer or Director

Date