2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38076

FILED Jan 16, 2006 Secretary of State

Entity Name: THE CLAIMS SOLUTION OF GEORGIA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
000 CHAN JILDING	IBLEE TUCH	KER ROAD		
	GA 30341	US		
urrent Ma	ailing Addre	ess:	New Mailing Addres	ss:
	ABLEE TUCK	KER ROAD		
JILDING TLANTA,	GA 30341	US		
I Number:	58-1968348	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ıme and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
ESTER, ⁻ 360 66TH	TAMI H STREET N	IORTH		
JITE E	_ 33773 US			
JITE E JRGO, FL	_ 33773 US	submits this statement for the	purpose of changing its registere	ed office or registered agent. or both.
JITE E ARGO, FL ne above	_ 33773 US	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
JITE E RGO, FL e above the State	_ 33773 US named entity of Florida. RE:			ed office or registered agent, or both,
JITE E RGO, FL e above the State	_ 33773 US named entity of Florida. RE:	submits this statement for the onic Signature of Registered Ag		ed office or registered agent, or both, Date
JITE E RGO, FL e above the State GNATUR	a 33773 US named entity of Florida. RE: Electro			
JITE E ARGO, FL ie above the State GNATUR ection Carr	a 33773 US named entity of Florida. RE: Electro	onic Signature of Registered Aco	rent	
JITE E RGO, FL e above the State GNATUR ction Carr FFICERS e:	anamed entity of Florida. RE: Electro apaign Financia AND DIRECTOR P (onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete	ent ADDITIONS/CHANG Title:	Date
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I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL MCWILLIAMS P 01/16/2006