2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38076

FILED Jaņ 25, 2007 Secretary of State

Entity Name: THE CLAIMS SOLUTION OF GEORGIA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2900 CHAMBLEE TUCKER ROAD **BUILDING 16** ATLANTA, GA 30341 **Current Mailing Address: New Mailing Address:** 2900 CHAMBLEE TUCKER ROAD **BUILDING 16** ATLANTA, GA 30341 US FEI Number: 58-1968348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IVESTER, TAMI IVESTER, TAMI 12360 66TH STREET NORTH 9500 KOĞER BLVD SUITE 226 SUITE E LARGO, FL 33773 US ST. PETERSBURG, FL 33702 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: 01/25/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: MCWILLIAMS, GAIL Name: 2900 CHAMBLEE TUCKER ROAD BLDG 16 Address: Address: ATLANTA, GA 30341 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, ROBERTA Name: 2900 CHAMBLEE TUCKER ROAD BLDG 16 Address: Address: ATLANTA, GA 30341 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete IVESTER, TAMI Name: IVESTER, TAMI Name: 12360 66TH STREET NORTH SUITE E 9500 KOGER BLVD SUITE 226 Address: Address: City-St-Zip: LARGO, FL 33773 City-St-Zip: ST PETERSBURG, FL 33702

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 **PRES** 01/25/2007