2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P95000023853

Entity Name: SPECIALTY CLAIM SERVICES, INC.

Current Principal Place of Business:

1890 SEMORAN BLVD
STE 285
WINTER PARK, FL 32792 US

New Principal Place of Business:

1890 STATE ROAD 436
STE 285
WINTER PARK, FL 32792 US

Current Mailing Address:

PO BOX 4658
WINTER PARK, FL 327934658 US

New Mailing Address:

FEI Number: 59-3305196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DULIN, RAMSEY
201 E. PINE ST.
SUITE 425
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAISER, JEFFREY A
Address: 1890 SEMORAN BOULEVARD, SUITE 285
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KAISER, JEFFREY A
Address: 1890 STATE ROAD 436, SUITE 285
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY A. KAISER D 04/21/2004

Electronic Signature of Signing Officer or Director Date