

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048704

FILED
Jan 25, 2011
Secretary of State

Entity Name: INSURANCE CLAIM CONSULTANTS, INC.

Current Principal Place of Business:

21328 LAKE VIENNA DRIVE
LAND O' LAKES, FL 34638 US

New Principal Place of Business:

711 S. HOWARD AVE
200
TAMPA, FL 33606 US

Current Mailing Address:

21328 LAKE VIENNA DRIVE
LAND O' LAKES, FL 34638 US

New Mailing Address:

711 S. HOWARD AVE
200
TAMPA, FL 33606 US

FEI Number: 59-3320593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELO, RONALD F
21328 LAKE VIENNA DRIVE
LAND O' LAKES, FL 34638 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: DELO, RONALD F T
Address: 21328 LAKE VIENNA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: VP
Name: DELO, JANE N
Address: 21328 LAKE VIENNA DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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: JANE NOEL DELO

VP

01/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date