

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 30, 2005  
Secretary of State**

DOCUMENT# P99000006374

Entity Name: CLAIMS MANAGEMENT SERVICE, INC.

**Current Principal Place of Business:**

1660 MAITLAND AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 940608  
MAITLAND, FL 327940608

**New Mailing Address:**

FEI Number: 59-3572031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILKINS, ROBERT C JR  
230 LOOKOUT PL.  
MAITLAND, FL 32751    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:            D            ( ) Delete  
Name:            BOARDMAN, MARK D  
Address:        PO BOX 940608  
City-St-Zip:    MAITLAND, FL 32794

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DP            (X) Change ( ) Addition  
Name:            BOARDMAN, MARK D DP  
Address:        PO BOX 940608  
City-St-Zip:    MAITLAND, FL 32794

Title:            V            ( ) Change (X) Addition  
Name:            POPE, KIMBERLY V  
Address:        P.O. BOX 940608  
City-St-Zip:    MAITLAND, FL 32794

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: MARK D. BOARDMAN

DP

08/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date