



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90559 009 \*\*\*150.00

<b>DOCUMENT # P99000023069</b> 1. Entity Name <b>ELITE CLAIM SERVICES, INC.</b>					
Principal Place of Business <b>1518 CLEVELAND ST HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>1518 CLEVELAND ST 100 HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.:		3. Mailing Address  Suite, Apt. #, etc.:			
City & State  Zip      Country		City & State  Zip      Country		04122005      Chg-P      CR2E034 (10/03)	
4. FEI Number <b>65-0903281</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MIDDLETON, PAUL 20865 NW 1ST STREET PEMBROKE PINES, FL 33021</b>	
7. Name and Address of New Registered Agent  Name <u>Paul Middleton</u> Street Address (P.O. Box Number is Not Acceptable) <u>1518 Cleveland Street</u> City <u>Hollywood</u> <b>FL</b> Zip Code <u>33020</u>				8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Paul E. Middleton</u> DATE <u>4-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D MIDDLETON, PAUL 1518 CLEVELAND STREET HOLLYWOOD, FL 33020		D MILSTEAD, LISA 1518 CLEVELAND STREET HOLLYWOOD, FL 33020		Change Addition	
Delete		Delete		Change Addition	
Delete		Delete		Change Addition	
Delete		Delete		Change Addition	
Delete		Delete		Change Addition	
Delete		Delete		Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lisa Milstead (Lisa Milstead)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-14-05</u> Daytime Phone # <u>954-922-9191</u>	