


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S42071</b> 1. Entity Name <b>EXECUTIVE CLAIMS SERVICE, INC.</b>	
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Principal Place of Business <b>16219 E COURSE DR TAMPA, FL 33624 US</b>	Mailing Address <b>PO BOX 271388 TAMPA, FL 33688 US</b>
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**DO NOT WRITE IN THIS SPACE**



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3057548</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ECHENIQUE, CHARLES JR. 16219 E COURSE DR TAMPA, FL 33624</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ECHENIQUE, CHARLES JR 16219 E. COURSE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ECHENIQUE, ADELE 16219 E. COURSE DR TAMPA, FL 33624
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>CHARLES ECHENIQUE Pres</b> <small>Date</small> <b>5/11/05</b> <small>Daytime Phone #</small>
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