## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42071

Entity Name: EXECUTIVE CLAIMS SERVICE, INC.

FILED Apr 30, 2007 Secretary of State

Entity Na	ine: EXECUT	IVE CLAINS SERVICE, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
16219 E C TAMPA, F	COURSE DR EL 33624 U	S		
Current Mailing Address:			New Mailing Address:	
PO BOX 2 TAMPA, F		S		
FEI Number	: 59-3057548	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
16219 E C TAMPA, F		S	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.			
SIGNATU				
	Electro	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ECHENIQUE, 0 16219 E. COU TAMPA, FL 33	RSE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DST ( ECHENIQUE, / 16219 E. COU TAMPA, FL 33	RSE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES ECHENIQUE, JR. PRES 04/30/2007