


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L49877
 1. Entity Name
 PUBLIC ADJUSTMENT BUREAU, INC.



| | |
|---|---|
| Principal Place of Business 947 HYACINTH DELRAY BCH., FL 33483 US | Mailing Address 947 HYACINTH DELRAY BCH., FL 33483 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0184083 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MALLOY, SUSAN A
 947 HYACINTH
 DELRAY BCH., FL 33483

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000626469
 02/15/07 80020-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MALLOY, SUSAN A. 947 HYACINTH DELRAY BEACH, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan A Malloy 561-
2/1/2007 573-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #