

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 22, 2009  
Secretary of State**

DOCUMENT# P03000106768

Entity Name: PUBLIC ADJUSTERS USA, INC.

**Current Principal Place of Business:**

4302 WHISTLEWOOD CIRCLE  
LAKELAND, FL 338113048 US

**New Principal Place of Business:**

**Current Mailing Address:**

4302 WHISTLEWOOD CIRCLE  
LAKELAND, FL 338113048 US

**New Mailing Address:**

FEI Number: 35-2058423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZEAK, TIM  
4302 WHISTLEWOOD CIRCLE  
LAKELAND, FL 338113048 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: DP ( ) Delete  
Name: ZEAK, TIM  
Address: 4302 WHISTLEWOOD CIRCLE  
City-St-Zip: LAKELAND, FL 338113048 US

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DSTV ( ) Change (X) Addition  
Name: ZEAK, CHARLOTTE  
Address: 4302 WHISTLEWOOD CIRCLE  
City-St-Zip: LAKDLAND, FL 338113048 US

Title: D ( ) Change (X) Addition  
Name: DAVIS, REBECCA  
Address: 4200 WHISTLEWOOD CIR  
City-St-Zip: LAKELAND, FL 33811 US

Title: D ( ) Change (X) Addition  
Name: SMARTO, ROSS  
Address: 6960 LAKE EAGLEBROOKE DR  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Change (X) Addition  
Name: JUDAY, JASON  
Address: 5954 JAEGERGLEN DR  
City-St-Zip: LITHIA, FL 33547

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: TIM ZEAK

DP

10/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date