


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 623029</b> 1. Entity Name DLT INSURANCE ADJUSTERS, INC.	
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Principal Place of Business 730 NW 107 AVE STE 214 MIAMI, FL 33172	Mailing Address POB 199023 DALLAS, TX 75219
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**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1909039	Applied For 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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSTON, MICHAEL S 730 NW 107TH AVENUE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ANDERSON, GLENN 3333 LEE PKWY STE 1200 DALLAS, TX 75219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BUXTON, RICHARD M 3333 LEE PKWY STE 1200 DALLAS, TX 75219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, TERRY 3333 LEE PKWY STE 1200 DALLAS, TX 75219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOTS, DANIEL J 3333 LEE PKWY STE 1200 DALLAS, TX 75219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000949394  
06/03/08-80027-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Marcia Burgett 05/01/08 972-629-4301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #