

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23556

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: FEDERAL ADJUSTMENT BUREAU INC.

**Current Principal Place of Business:**

3939 SPRING PARK RD.  
C-19  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3939 SPRING PARK RD  
C-19  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 33-1097841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIMBERT, CHARLES  
3939 SPRING PARK RD  
C-19  
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: LIMBERT, CHARLES,  
Address: 3939 SPRING PARK RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 E. LIMBERT J.D., M.S.M.

PTS

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date