


2004 FOR PROFIT CORPORATION ANNUAL REPORT

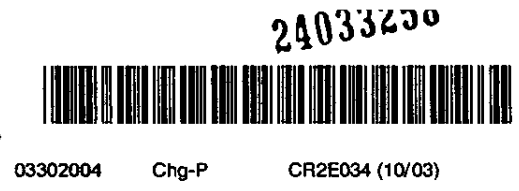
FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 043 ***150.00

DOCUMENT # P02000125190	
1. Entity Name NJC ADJUSTING, INC.	

Principal Place of Business 5850 ORANGE DRIVE SUITE B DAVIE, FL 33314	Mailing Address 5850 ORANGE DRIVE SUITE B DAVIE, FL 33314
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2. Principal Place of Business 301 MICHIGAN AVE.	3. Mailing Address 301 MICHIGAN AVE.
Suite, Apt. #, etc. #402	Suite, Apt. #, etc. #402
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Country USA

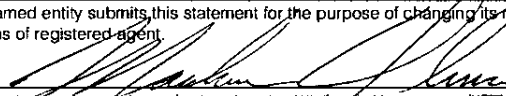


03302004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0672620	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 OLIVER, MARLENE M 3130 SW 133 TERRACE DAVIE, FL 33330	7. Name and Address of New Registered Agent Name OLIVER, MARLENE M Street Address (P.O. Box Number is Not Acceptable) 301 MICHIGAN AVE. #402 City MIAMI BEACH FL Zip Code 33139
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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.

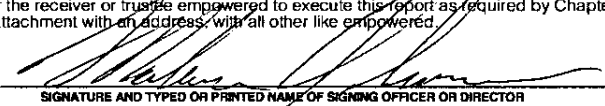
SIGNATURE  DATE 3-31-2004

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, MARLENE M 3101 SW 133 TERRACE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, MARLENE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 MICHIGAN AVE. #402 MIAMI BEACH, FL. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVER, MARLENE M 3130 SW 133 TERRACE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVER, MARLENE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 MICHIGAN AVE. #402 MIAMI BEACH, FL. 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 3-31-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR