2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P0400 1. Entity Name SEABREEZE PUBLIC ADJUS		
Principal Place of Business	Mailing Address	
5714 COCO PLUM DR FT LAUDERDALE, FL 33319	5714 COCO PLUM DR FT LAUDERDALE, FL 33319	

P 30001500 NS 0010 01015	. 38)35 48335 8358		NA (1888 (()) BEC () [EE

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

Davtima Phone 8

No Chg-P CR2E034 (11/05) 04272008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0607447 Not Applicable

<u></u>	b. Name and Address of Current Regis	terea Agent	j .		_		
HULL, JOHN H 5714 COCO PLUM DR FT LAUDERDALE, FL 33319		DO NOT WRITE IN THIS SPACE					
	riamed entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Flori	da. 1 am familia	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable. (NOTE: Registere	d Agent signatur	a required when reinstating)		DATE	
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	05/13/06-86 05/13/06-86	50256 3053-007	150.00
10.	OFFICERS AND DIREC	CTORS	*		·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D TOMLINSON, JAMES 5243 NE 14 TERR POMPANO BEACH, FL 33364	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPA	AÇE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
12. I hereby of indicated of the cor changed,	pertify that the information supplied with this till on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the ex and accurate and that my signal to execute this report as requi other like empowered.	emptions co ture shall have red by Chap	ntained in Chapter 119 ve the same legal effecter 607, Florida Statute	9. Florida Statutes. I fu ct as if made under oa es; and that my name of	uriner certify that th, that I am an t appears in Block	the information officer or director 10 or Block 11 if

AND ES OF THE OF

SIGNATURE: &