


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000153994 1. Entity Name SCHOFIELD & ASSOCIATES PUBLIC ADJUSTING INC.	
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Principal Place of Business 316 SAN REMO LANE N FORT MYERS, FL 33903 US	Mailing Address 316 SAN REMO LANE N FORT MYERS, FL 33903 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1722006	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHOFIELD, DENNIS M 2018 NE 10TH PLACE CAPE CORAL, FL 33909	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000415993 02/11/06-80106-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHOFIELD, DENNIS M
STREET ADDRESS	2018 NE 10TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	VP
NAME	FREEMAN, JIMMIE L
STREET ADDRESS	316 SAN REMO LANE
CITY-ST-ZIP	N FORT MYERS, FL 33903
TITLE	S/T
NAME	NELSON, VICTORIA L
STREET ADDRESS	316 SAN REMO LANE
CITY-ST-ZIP	N.FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: DENNIS SCHOFIELD Dennis Schofield 2-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #