2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036287

Entity Name: GOLIATH PUBLIC ADJUSTERS, INC.

FILED Aug 31, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

6771 ALISO AVE 265 S. FEDERAL HWY.

WEST PALM BEACH, FL 33413 #298

DEERFIELD BEACH, FL 33441

Current Mailing Address: New Mailing Address:

6771 ALISO AVE 265 S. FEDERAL HWY. WEST PALM BEACH, FL 33413

#298

DEERFIELD BEACH, FL 33441

FEI Number: 51-0578754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HARRISON, DAVID SIENEMA, CRAIG S Name: Name: 6771 ALISO AVE 265 S. FEDERAL HWY., #298 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VΡ (X) Delete Title: () Change () Addition

Name: SIENEMA, CRAIG Name: 6771 ALISO AVE Address: Address: WEST PALM BEACH, FL 33413 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG S. SIENEMA PD 08/31/2007