
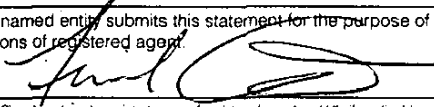
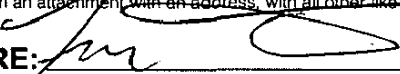


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 029 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P07000065237 | | | |  | |
| 1. Entity Name AAA PUBLIC ADJUSTING GROUP INC. | | | | | |
| Principal Place of Business 6365 TAFT STREET 3RD FLOOR HOLLYWOOD, FL 33024 | | | Mailing Address 6365 TAFT STREET 3RD FLOOR HOLLYWOOD, FL 33024 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01142008 Chg-P CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number 26-0325410 | |
| Applied For | | Not Applicable | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | Name FREDERICK ANTONELLI | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 6365 TAFT STREET 3rd floor | | |
| | | | City Hollywood | | |
| | | | FL | | |
| | | | Zip Code 33024 | | |
| 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:  | | FREDERICK ANTONELLI | | 1/14/2008 | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when re-registering) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANTONELLI, FREDERICK 6365 TAFT STREET 3RD FLOOR HOLLYWOOD, FL 33024 | <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 | STD BACH, KARL 6365 TAFT STREET 3RD FLOOR HOLLYWOOD, FL 33024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BACH, KARL 6365 TAFT STREET 3rd floor HOLLYWOOD, FL 33024 | <input checked="" 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 | TD MONAHAN, KEVIN 6365 TAFT STREET 3rd floor HOLLYWOOD, FL 33024 | <input type="checkbox"/> Change <input checked="" 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 |
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| 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 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:  | | Frederick Antonelli | | 1/14/2008 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| | | | | 954-894-0043 | |
| | | | | Daytime Phone # | |