2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

SIGNALUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 21, 2008 8:00 am Secretary of State

4/17/08

Daytime Phone #

ANNUAL KEPUKI					Secretary of State					
DOCUMENT # P07000065688 1. Enlity Name UNITED STATES CATASTROPHE ADJUSTERS INC.					04-21-2008 90040 032 ***150.00					
Principal Place of Business Mailing Address				-	1					
1841 SW DIAMOND ST PORT SAINT LUCIE, FL 34953		1841 SW DIAMOND ST PORT SAINT LUCIE, FL 34953								
	lace of Business - No P.O. Box #	3. Mailing Address				 				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01292008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe		14		plied For Applicable		
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		75 Addi Required		
6. Name and Address of Current		Registered Agent			7. Name and	Address of New	Registered Ager	nt		
O'KEEFE,	JOHN M			Name	э					
1841 SW DIAMOND ST PORT SAINT LUCIE, FL 34953				Street Address (P.O. Box Number is Not Acceptable)						
				City	· · · ·		FL	Zip Code	•	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of F	lorida. I am fami	liar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and bill of epiblicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be led to Fees					
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/	CHANGES TO OF	FICERS AND DIF	RECTORS	3 IN 11	
TITLE	P OWERE IOUNIA	☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS	O'KEEFE, JOHN M 1841 SW DIAMOND ST		NAM Stre	EET AODRESS						
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12. I hereby certily 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 receives 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.										