

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 26, 2005  
Secretary of State**

DOCUMENT# P04000137890

Entity Name: ADJUSTCO, INC.

**Current Principal Place of Business:**

2455 E. SUNRISE BOULEVARD, PHN  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

2455 E. SUNRISE BOULEVARD, PHN  
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

P. O. BOX 450817  
SUNRISE, FL 33345

FEI Number: 20-1725890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWAIN, JOHN  
2455 E. SUNRISE BOULEVARD, PHN  
FT. LAUDERDALE, FL 33304 US

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

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:**

Title: D ( ) Delete  
Name: SWAIN, JOHN  
Address: 2455 E. SUNRISE BOULEVARD, PHN  
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SWAIN, JOHN W  
Address: P. O. BOX 450817  
City-St-Zip: SUNRISE, FL 33345

Title: O ( ) Change (X) Addition  
Name: LIBOW, ELAINE M  
Address: P. O. BOX 450817  
City-St-Zip: SUNRISE, FL 33345

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN W. SWAIN

D

05/26/2005

Electronic Signature of Signing Officer or Director

Date