


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 032 ***150.00

DOCUMENT # P03000038114

1. Entity Name
UNITED APPRAISALS, INC.




Principal Place of Business Mailing Address

16932 MIST MOOR LANE 16932 MIST MOOR LANE
SPRING HILL, FL 34610 US SPRING HILL, FL 34610 US

DO NOT WRITE IN THIS SPACE

4007030



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1688460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUCHMAN, ROBERT L
6650 ROWAN ROAD
NEW PORT RICHEY, FL 34653

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>VP President / CEO</i>
NAME	SCHUCHMAN, ROBERT L
STREET ADDRESS	6650 ROWAN ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	<i>Spring Hill, FL 34610</i>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Robert Loe Schuchman* Date: *04/11/07* Daytime Phone #: *727-846-9777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #