

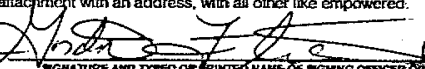


Jan 31,
Secr

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H39634 1. Entity Name LENNON APPRAISER'S & CONSULTANTS, INC.			
Principal Place of Business 10730 U.S. HWY 19 SUITE 9 PORT RICHEY, FL 34668		Mailing Address 10730 U.S. HWY 19 SUITE 9 PORT RICHEY, FL 34668	
DO NOT WRITE IN THIS SPACE			
			
		01262006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2726819		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENNON, GORDON F. 10730 US HWY 19, SUITE 9 PORT RICHEY, FL 34668		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		<div>UN0000408262 02/18/06-80052-014 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENNON, GORDON F. 10730 US HWY 19, SUITE 9 PORT RICHEY, FL 34668		
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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: 		GORDON F. LENNON 1-26-6 727-819-0100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	