2006 FOR PROFIT CORPORATION

Jan 13, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # J69543** Entity Name OSTEEN APPRAISAL SERVICES, INC., Principal Place of Business Mailing Address 131 N SECOND STREET 131 N SECOND STREET STE 220 STE 220 FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950 CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2812463 Not Applicable \$8.75 Additional 5. Certificate of Statüs Desired 6. Name and Address of Current Registered Agent OSTEEN, THOMAS A. DO NOT WRITE 8505 IMMOKOLEE RD FORT PIERCE, FL 34951 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. Signature, typed or printed name of registered agent and hite if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE OSTEEN, THOMAS A. NAME 131 N 2ND STREET STE 220 STREET ADDRESS FORT PIERCE, FL 34950 CITY-ST-7IP TITLE V00000385919 01/18/06-80030-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DILE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY -ST - ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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 Thomas Osteen changed, or on an attachr

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED