2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 08:00 Al Secretary of State DOCUMENT #L39199 PROFESSIONAL APPRAISAL SERVICES, P.A. Principal Place of Business Mailing Address 2886D RINGLING BLVD. 2886D RINGLING BLVD. SARASOTA, FL 34237 SARASOTA, FL 34237 No Chg-P CR2E034 (11/05) 02082008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0174701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAAR, WILLIAM F DO NOT WRITE 2886D RINGLING BLVD SARASOTA, FL 34237 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1001 BAAR, WILLIAM F. STREET ADDRESS 2886D RINGLING BLVD SARASOTA, FL 34237 CITY-S1-DP TITLE 000000840831 03/07/08-80008-006 150.00 STREET ADDRESS C(1) - \$1 - Z(P) IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-24P IN THIS SPACE TITLE STREET ADDRESS CITY ST-ZIP NAME STREE! ADDRESS CUTY-ST-ZIE

12. It 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: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CHY-SI-ZIP

FILED