2007 FOR PROFIT CORPORATION

Feb 28, 2007 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L40196** 1. Entity Name SOUTHEAST REAL PROPERTY APPRAISERS, INC. Principal Place of Business Mailing Address 576 HWY. A1A 576 HWY, A1A SATELLITE BCH., FL 32937 SATELLITE BCH., FL 32937 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 59-2981009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIBSON, MARY KAY DO NOT WRITE 576 HIGHWAY A1A SATELLITE BEACH, FL 32937 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. 1 am familiar with, and accept 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 \$5.00 May Be Trust Fund Contribution. Added to Fees U00000651068 10. OFFICERS AND DIRECTORS TITLE NAME GIBSON, MARY KAY STREET ADDRESS 576 HWY A1A CITY-SY-ZIP SATELLITE BEACH, FL 32937 TITLE SHIDELL, SUSAN NAME STREET ADDRESS 1814 JUDY DRIVE CITY-ST-7IP MOSINEE, WI 54455 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR

2-23-07

Daylime Phone #

FILED