2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L49779

Entity Name: ELDRIDGE APPRAISALS, INC.

FILED Dec 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% ELDRIDGE APPRAISALS, INC. 1839 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

% ELDRIDGE APPRAISALS, INC. 1839 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110 US

FEI Number: 65-0181477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELDRIDGE, DAVID ELDRIDGE, DAVID C

1839 IMPERIAL GOLF COLIRSE BLVD

1839 IMPERIAL GOLF

1839 IMPERIAL GOLF COURSE BLVD 1839 IMPERIAL GOLF COURSE BLVD

NAPLES, FL 34110 US NAPLES, FL 34110 US

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.

SIGNATURE: DAVID C. ELDRIDGE 12/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD () Delete Title: P D (X) Change () Addition Name: ELDRIDGE, DAVID C

 Name:
 ELDRIDGE, DAVID,
 Name:
 ELDRIDGE, DAVID C

 Address:
 1839 IMPERIAL GOLF COU
 Address:
 1839 IMPERIAL GOLF COU

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34110

Title: S () Delete Title: S D (X) Change () Addition Name: ELDRIDGE. DAVID. Name: ELDRIDGE. SUZANNE H

Address: 1839 IMPERIAL GOLF COU

City-St-Zip: NAPLES, FL 34110

Name: ELDRIDGE, SOZANNE H

Address: 1839 IMPERIAL GOLF COU

City-St-Zip: NAPLES, FL 34110

NAPLES, FL 34110

Title: () Delete Title: VP D () Change (X) Addition

 Name:
 Name:
 ELDRIDGE, MORGAN W

 Address:
 Address:
 20540 LARINO LOOP

 City-St-Zip:
 City-St-Zip:
 ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. ELDRIDGE P D 12/22/2008