2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L89950 1. Entity Name DALY APPRAISAL FIRM, INC.	
Principal Place of Business Mailing Address 562 E WOOLBRIGHT RD #121 BOYNTON BEACH, FL 33435 BOYNTON BEACH	RIGHT RD #121 ACH, FL 33435
DO NOT WRITE IN THIS	02152006 No Chg-P CR2E034 (11/05)
DALY, DIANE M 562 E WOOLBRIGHT RD BOYNTON BEACH, FL 33435	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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE.	
Signature, typed or printed name of registered agent and bile if approache. 9. Election	(NOTE Registered Agent signature required when reinstating) OATE On Campaign Financing \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	
TITLE DIRE NAME DALY, DIANE M STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNROCO441887 03/03/06-80054-006 150.00
INTLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	
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 cath; 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 blief like empowered. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE NID TYPED ON PRINTED KAME OF SIGNING OFFICER OR DIRECTOR Date: Oxygine Phone 8	

DIANE M. DALY