2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98995

Entity Name: B & D APPRAISERS & CONSULTANTS INC.

FILED Feb 08, 2009 Secretary of State

LINKY NAME: B& DAFFRAIGERS & CONSOLTANTS, INC.							
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
3998 FAU SUITE 300 BOCA RA							
Current M	ailing Address	s:	New Maili	New Mailing Address:			
3998 FAU SUITE 300 BOCA RA							
FEI Number:	65-0217791	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Des	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3998 FAU SUITE 300 BOCA RA The above) TON, FL 33431 named entity s		3998 FAU SUITE 300 BOCA RAT	DELLENBACK, JUDITH 3998 FAU BLVD. SUITE 300 BOCA RATON, FL 33431 US of changing its registered office or registered agent, or both,			
	e of Florida.				00/00/000		
SIGNATU	RE: JUDITH D		1	02/08/2009			
		c Signature of Registered Age	nt		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DELLENBACK, 3998 FAU BLVD BOCA RATON, F	., SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () AUCAMP, DAVIE 3998 FAU BLVD BOCA RATON, F	, SUITE 300	Title: Name: Address: City-St-Zip:	VD (X AUCAMP, DAV 3998 FAU BLV BOCA RATON,	D., SUITE 300		
Title: Name: Address: City-St-Zip:	S () DELLENBACK, I 3998 FAU BLVD BOCA RATON, F	, SUITE 300	Title: Name: Address: City-St-Zip:	S (X DELLENBACK 3998 FAU BLV BOCA RATON,	D., SUITE 300		
Title: Name: Address: City-St-Zip:	T () AUCAMP, SHEIL 3998 FAU BLVD BOCA RATON, F	, SUITE 300	Title: Name: Address: City-St-Zip:	T (X AUCAMP, SHE 3998 FAU BLV BOCA RATON,	D., SUITE 300		
Title: Name: Address: City-St-Zip:	VD () WHITNEY, DOU 3998 FAU BLVD BOCA RATON, F	., SUITE 300	Title: Name: Address: City-St-Zip:	() Change ()Addition		

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: SHEILA AUCAMP T 02/08/2009