2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001849

FILED Feb 11, 2008 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982 LIS **Current Mailing Address: New Mailing Address:** P.O.BOX 807 P.O.BOX 881436 TAVARES, FL 32778 US PORT SAINT LUCIE, FL 34988 US FEI Number: 30-0096372 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: INGERSOLL, JOYCE 227 SW MANATEE SPRINGS WAY PORT ST. LUCIE, FL 34986 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete INGERSOLL, JOYCE Name: Name: 2300 VIRGINIA AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: Title: () Delete (X) Change () Addition KALUS, MATT Name: KALUS, MATT Name: Address: 200 S. ORANGE AVE. ORANGE CO. P/A Address: 200 S. ORANGE AVE. City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: (X) Change () Addition BAUMANN, ROSEMARY BAUSOLA, JOHN Name: Name: 210 N. APOPKA AVE 2300 VIRGINIA AVENUE Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: (X) Change () Addition Name: BAUSOLA, JOHN Name: WENTWORTH, MICHAEL 2300 VIRGINIA AVENUE 2300 VIRGINIA AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change () Addition BENTON, JOHN Name: Name: 231 E FORSYTH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: () Delete Title: () Change () Addition MAASCH, JEFF Name: Name: Address: 1840 25TH ST Address: VERO BEACH, FL 32960 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE INGERSOLL T 02/11/2008