
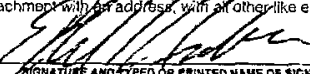


Apr 12,
Secr

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000017730		
1. Entity Name APPRAISAL CONSULTANTS OF S.W. FLA., INC.		
Principal Place of Business 2663 AIRPORT ROAD #D-107 NAPLES, FL 34112		Mailing Address 2663 AIRPORT ROAD #D-107 NAPLES, FL 34112
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, EDWARD J 270 NAPLES COVE DRIVE #3606 NAPLES, FL 34110		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, RICHARD K 190 CENTER STREET NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, EDWARD J 270 NAPLES COVE DR #3606 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, JAMES M 2080 KINGFISH ROAD NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-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 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: 		Date: 4/10/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #