2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 08:00 AN Secretary of State DÖCUMENT # P00000023103 CERTIFIED APPRAISAL GROUP, INC. Principal Place of Business Mailing Address P O BOX 3754 P 0 BOX 3754 SARASOTA, FL 34230-3754 SARASOTA, FL 34230-3754 No Chg-P 04172008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0992929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWNING, DAVID M DO NOT WRITE 2415 ALAMEDA AVE SARASOTA, FL 34234 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS and the second s PST - Hinning 1154 Time NAME BROWNING, DAVID M U00000\$21154 STREET ADDRESS 2415 ALAMEDA AVE 05/02/06-80126-002 150,00 CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS The control of the co CITY-ST-ZIP er er er er sig er kombrekkungstring frans kar er frans betar betar betar betar betar betar betar betar betar b TITLE ร้างการกระกับ ผู้เหมืองๆ เลงการสามารถและเมื่องกรมี HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE HALLE STREET ADDRESS The second of th CITY-ST-ZIP and the control of the first the feet of the feet of the control of the feet o TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE The profession of the control of the NAME and the same of the same of the state of the same of t STREET ADDRESS The second secon 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.

Lavo M. Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED