

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020317

Entity Name: BLUE RIBBON APPRAISALS, INC.

FILED
Jan 30, 2005
Secretary of State

Current Principal Place of Business:

6530 OLDE MOAT WY
DAVIE, FL 33331

New Principal Place of Business:

649 E. SHERIDAN ST.
APT. 209
DANIA BEACH, FL 33004

Current Mailing Address:

6530 OLDE MOAT WY
DAVIE, FL 33331

New Mailing Address:

PO BOX 1316
DANIA BEACH, FL 33004

FEI Number: 65-1089275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKLEY, RACHEL
6530 OLDE MOAT WY
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

DUNLAP, SHELLEY A
649 E. SHERIDAN ST.
APT. 209
DANIA BEACH, FL 33004 US

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: SHELLEY A. DUNLAP

01/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEEKLEY, RACHEL
Address: 6530 OLDE MOAT WY
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: DUNLAP, SHELLEY A
Address: 649 E. SHERIDAN ST., APT. 209
City-St-Zip: DANIA BEACH, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHELLEY A. DUNLAP

PRES

01/30/2005

Electronic Signature of Signing Officer or Director

Date