


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 046 ***150.00

DOCUMENT # P01000039811 1. Entity Name ELECTRONIC APPRAISER, INC.	
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Principal Place of Business 2200 N FEDERAL HWY, SUITE 203 BOCA RATON, FL 33431	Mailing Address 2200 N FEDERAL HWY, SUITE 203 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1105362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD, SUITE 305A BOCA RATON, FL 33431

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEISEN, BRADFORD R <i>REMOVED</i> 2200 N FEDERAL HWY, SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1/SD SULLIVAN, GREGORY M <i>PRESIDENT</i> 2200 N FEDERAL HWY, SUITE 203 BOCA RATON, FL 33431 <i>SEC, DIRECTOR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MUTTILLO, DOMINIC A 2200 N FEDERAL HWY, SUITE 203 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DOMINIC MUTTILLO	Date: 4/5/05	Daytime Phone #: 561-338-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		