

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000039811

1. Entity Name
ELECTRONIC APPRAISER, INC.



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**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1105362** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401**

**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1100000387123
01/19/06-80026-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SULLIVAN, GREGORY M
STREET ADDRESS	2200 N FEDERAL HWY, SUITE 203
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VTD
NAME	MUTTILLO, DOMINIC A
STREET ADDRESS	2200 N FEDERAL HWY, SUITE 203
CITY-ST-ZIP	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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **DOMINIC MUTTILLO** **1/13/06** **561-338-1890**