2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 8:00 am Secretary of State **DOCUMENT # P02000061487** 03-16-2006 90220 043 ***150.00 ANDREWS APPRAISAL SERVICE, INC. Principal Place of Business Mailing Address 11 E. HAZEL STREET 11 E. HAZEL STREET 50002848 ORLANDO, FL 32804 ORLANDO, FL 32804 3. Mailing Address 2. Principal Place of Business 2484 Fawn Run 2484 Fawn Suite, Apt. #, etc Suite, Apt. #. etc 03072006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State 81-0557988 Ovirad Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box ÜSA ÜSA Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent phonie Andrews ANDREWS, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 11 E. HAZEL STREET ORLANDO, FL 32804 Oviedo 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. am familiar with, and accept the obligations of registered agent. lò (NOTE: Regis \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ANDREWS, STEPHANIE NAME NAME 2484 Fawn Run 11 E. HAZEL STREET STREET ADDRESS STREET ADDRESS Oviedo, FL. 32765 ORLANDO, FL: 32804 CITY-ST-70P CITY-ST-7IP TITLE TITI F ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШΕ ☐ Delete TITA F ☐ Change ☐ Addition STREET ADDRESS 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 attachient with an appears in Block 10 or Block 11 if 427-0157 SIGNATURE:

FILED