2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 17, 2006 08:00 AM Secretary of State DOCUMENT # P02000102518 HARRISON APPRAISAL GROUP, INC. Principal Place of Business Mailing Address 816 REGAL PALM COURT 816 REGAL PALM COURT BRANDON, FL 33510 BRANDON, FL 33510 05132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0532260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRISON, STEPHEN J DO NOT WRITE 816 REGAL PALM CT. BRANDON, FL 33510 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 aignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE NAME HARRISON, STEPHEN J STREET ADDRESS 816 REGAL PALM CT. CITY-ST-ZIP BRANDON, FL 33510 U00000565022 05/20/06-80101-021 150.00 HARRISON, JEAN E NAME STREET ADDRESS 816 REGAL PALM CT CITY-ST-ZP BRANDON, FL 33510 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier that proport 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 of trigetee 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 all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

STAPHEN JAMEN WA

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