

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000027648



1. Entity Name  
 ABODE APPRAISALS, INC.

Principal Place of Business      Mailing Address  
 7906 MARTIN AVENUE      7906 MARTIN AVENUE  
 WEST PALM BEACH, FL 33405 US      WEST PALM BEACH, FL 33405 US



05032007      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 92-0197844      Not Applicable

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

**6. Name and Address of Current Registered Agent**

KUMPULAINEN, RAIMO J  
 7906 MARTIN AVENUE  
 WEST PALM BEACH, FL 33405

**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 is required with a re-stating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KUMPULAINEN, RAIMO J
STREET ADDRESS	7906 MARTIN AVENUE
CITY-ST-AP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	KUMPULAINEN, NINA M
STREET ADDRESS	7906 MARTIN AVENUE
CITY-ST-AP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-AP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-AP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-AP	

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 05/25/07-80052-025 150.00

**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: Raimo J. Kumpulainen      5/3/07      561 255-7983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #