'2008 FOR PROFIT CORPORATION

FILED Mar 21, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P03000028955** AVER APPRAISALS, INC. Principal Place of Business Mailing Address 3905 DUKE FIRTH ST 3905 DUKE FIRTH ST LAND O LAKES, FL 34638 LAND O LAKES, FL 34638 CR2E034 (11/05) 02252008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0459592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DEVOLA, SAMUEL A DO NOT WRITE 3905 DUKE FIRTH ST LAND O LAKES, FL 34638 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 SAMUE (A. DEVOLA PRESIDENT Signature, typed or printed name of registrated agent and title it applicable (NOTE: Registrated) U00000885327 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 94/08/08-80010-001 150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DEVOLA, SAMUEL A NAME STREET ADDRESS 3905 DUKE FIRTH ST CITY-ST-ZIP LAND O LAKES, FL 34638 TUTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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: _

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-534-9222