2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # P03000063115 1. Entity Name APPRAISAL MAX INC. Principal Place of Business Mailing Address 8829 CLUB ESTATES WAY 8829 CLUB ESTATES WAY LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 04152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0838664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent ILLOBRE, CYNTHIA L DO NOT WRITE 8829 CLUB ESTATES WAY LAKE WORTH, FL 33467 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 signature required when reinstating) DATE 9. Election Campaign Financing U00000931135 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/22/08-80002-022 150.00 10. OFFICERS AND DIRECTORS TITLE ILLOBRE, CYNTHIA L NAME STREET ADDRESS 8829 CLUB ESTATES WAY LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE 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 NAME 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF BROWING OFFICE

4.28.08

561-265-133

Daytime Phone #