2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# P03000088463

Entity Name: HINES & ASSOCIATES APPRAISALS INC.

Current Principal Place of Business:

3600 S. STATE ROAD 7 STE 301
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

3600 S. STATE ROAD 7 STE 301
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 06-1704825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTING & TAX SERVICE, INC
3600 S. STATE ROAD 7 STE 351
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTING & INCOME TAX SERVI
3600 S STATE ROAD 7
SUITE # 351
MIRAMAR, FL 33023 US

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.

SIGNATURE: ORVILLE WALKER 02/07/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HINES, HAROLD P
Address: 3600 S. STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

Title: TREA ( ) Delete
Name: HINES, ANDRE P
Address: 3600 S. STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

Title: SECR ( ) Delete
Name: HINES, NATALIE L
Address: 3600 S. STATE ROAD 7
City-St-Zip: MIRAMAR, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD P. HINES PRES 02/07/2008
Electronic Signature of Signing Officer or Director Date