

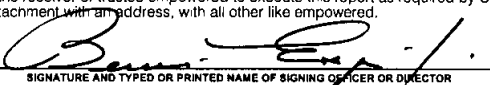


Apr 1
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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000088707		
1. Entity Name EXPO & ASSOCIATES REAL ESTATE AND APPRAISAL CONSULTANTS INC.		
Principal Place of Business 234 N DEL PRADO BLVD SUITE 3 CAPE CORAL, FL 33909	Mailing Address 234 N DEL PRADO BLVD SUITE 3 CAPE CORAL, FL 33909	
DO NOT WRITE IN THIS SPACE		
		02132008 No Chg-P CR2E034 (11/05)
4. FEI Number 55-0844381		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EXPOSITO, BERNIE 234 N DEL PRADO BLVD SUITE 3 CAPE CORAL, FL 33909		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000000/0002 05/05/08-80020-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EXPOSITO, BERNIE 234 N DEL PRADO BLVD, SUITE 3 CAPE CORAL, FL 33909	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-16-08 <small>Date</small> 239-573-9902 <small>Daytime Phone #</small>