2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State **DOCUMENT # P03000095699** 1. Entity Name THE APPRAISALINK, INC. Mailing Address Principal Place of Business 926 62ND STREET S. 926 62ND STREET S. GULFPORT, FL 33707 GULFPORT, FL 33707 US US 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0193042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HASTINGS, DAVID C DO NOT WRITE 2207 54TH ST S GULFPORT, FL 33707_ 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 required when reinstating) Signature, typod or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE WAGNER, SUSAN E NAME 926 62ND STREET S. STREET ADDRESS U00000316774 04/19/05-80091-004 150.00 CITY-ST-ZIP GULFPORT, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR