

May 24
Secr

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000022309		
1. Entity Name INLET APPRAISALS INC.		
Principal Place of Business 33 OAK TREE DR NEW SMYRNA BEACH, FL 32169 US		Mailing Address 33 OAK TREE DR NEW SMYRNA BEACH, FL 32169 US
DO NOT WRITE IN THIS SPACE		
		 01032006 No Chg-P CR2E034 (11/05)
4. FEI Number 56-2432653		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BERSE, ANDREW J 33 OAK TREE DR NEW SMYRNA BEACH, FL 32169		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) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000565958 05/24/06-80002-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES BERSE, ANDREW J 33 OAK TREE DR NSB, FL 32169	
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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 507, 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: <u><i>Andrew Berse</i></u> APR 20 2006 386 426-5083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		