

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062928

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: STATE WIDE APPRAISAL SERVICES I, INC

## Current Principal Place of Business:

2067 ISLAND CIRCLE  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

2067 ISLAND CIRCLE  
WESTON, FL 33326

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GERMAN, JACK  
2067 ISLAND CIRCLE  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GERMAN, SHEILA  
Address: 2067 ISLAND CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: ALTER, JILL  
Address: 2067 ISLAND CIRCLE  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: GERMAN, JACK  
Address: 2067 ISLAND CIRCLE  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEILA GERMAN

PRES

02/21/2006

Electronic Signature of Signing Officer or Director

Date