## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000152808

FILED Feb 09, 2007 Secretary of State

Entity Name: ACCREDITED APPRAISAL ASSOC. OF N.E. FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	EEDOM DR N, FL 32011			
Current Mailing Address:		New Mailing Address:		
	EEDOM DR N, FL 32011			
El Number	: 20-1866922	FEI Number Applied For ( )	FEI Number Not Applica	ble ( ) Certificate of Status Desired ( )
Name and	l Address of Cu	ırrent Registered Agent:	Name and A	ddress of New Registered Agent:
	. JR ANDING BLVD PK, FL 32065	US		
	named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its	registered office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its	registered office or registered agent, or both,
n the State	e of Florida.	ubmits this statement for the p		registered office or registered agent, or both,  Date
n the State	e of Florida.  RE: Electronic	·		
n the State	e of Florida.  RE: Electronic	c Signature of Registered Age Trust Fund Contribution ( ).	ent	
n the State	e of Florida.  RE: Electronic mpaign Financing  S AND DIRECT	C Signature of Registered Age Trust Fund Contribution ( ).  ORS: Delete D R M DR	ent	Date
n the State BIGNATUI Election Car DFFICER: Ittle: lame: kddress:	e of Florida.  RE: Electronic mpaign Financing  S AND DIRECT  COBD () I PARSLEY, DAVII 43238 FREEDON CALLAHAN, FL	C Signature of Registered Age Trust Fund Contribution ( ).  ORS: Delete D R M DR 32011 Delete ' A M DR	ADDITIONS/ Title: Name: Address:	Date CHANGES TO OFFICERS AND DIRECTOR

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: DAVID PARSLEY COBD 02/09/2007