2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# P05000004424

Entity Name: MZ APPRAISAL SERVICE, INC.

Current Principal Place of Business:

5393 RED LEAF CT
OVIEDO, FL 32765

New Principal Place of Business:

2660 ALOMA OAKS DRIVE
OVIEDO, FL 32765

Current Mailing Address:

5393 RED LEAF CT
OVIEDO, FL 32765

New Mailing Address:

2660 ALOMA OAKS DRIVE
OVIEDO, FL 32765

FEI Number: 20-2182087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVENSON, DEBORAH J
5393 RED LEAF CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

LEVENSON, DEBORAH J
2660 ALOMA OAKS DRIVE
OVIEDO, FL 32765 US

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: 07/03/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEVENSON, DEBORAH J
Address: 5393 RED LEAF CT
City-St-Zip: OVIEDO, FL 32765

Title: MR ( ) Delete
Name: LEVENSON, DANIEL A
Address: 5393 RED LEAF COURT
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEVENSON, DEBORAH J
Address: 2660 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MR (X) Change ( ) Addition
Name: LEVENSON, DANIEL A
Address: 2660 ALOMA OAKS DRIVE
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify 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: DEBORAH J. LEVENSON MRS 07/03/2007
Electronic Signature of Signing Officer or Director — Date