2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 18, 2007 8:00 am Secretary of State DOCUMENT # P05000007044 01-18-2007 90093 049 ***150.00 1. Entity Name APPRAISAL SERVICES OF ORLANDO, INC. Principal Place of Business Mailing Address 4000×0.~ 4351 FOX STREET 4351 FOX STREET ORLANDO, FL 32814 ORLANDO, FL 32814 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E034 (12/06) 20-2174433 City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zio Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 City Zip Code 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. Signature, typed or printed name of registered agent and fit eld applicable (NQTE_Registered Agent signature required when reinstating) DAIL 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** ☐ Criange THILE ☐ Delete TITLE Addition VANDER MAY, TODD NAME NAME 4351 FOX STRFET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32814 CITY-ST-ZIP SECR ☐ Delete Change Addition TITLE TITLE VANDER MAY, MARY NAME NAME STREET ADDRESS 4351 FOX STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32814 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Dolete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 attachapter with an address, with all other like showered. Vander May, 15/2007

FFICER OR DIRECTOR

FILED