

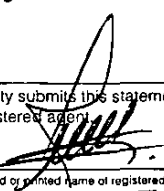
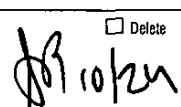
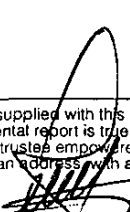



2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| DOCUMENT # P05000016983 1. Entity Name PROFESSIONAL APPRAISERS ASSOCIATES, INC. | | | |  | | FILED 06 OCT 19 PM 4:46 DEPT. OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 2365 NW 73TH AVE SUNRISE, FL 33313 | | | | Mailing Address 2365 NW 73TH AVE SUNRISE, FL 33313 | | | |
| 2. Principal Place of Business 2692 N. UNIVERSITY DR Suite, Apt. #, etc. 10 | | 3. Mailing Address 2692 N. UNIVERSITY DR Suite, Apt. #, etc. 10 | |  | | 08142006 Chg-P CR2E034 (11/05) 06 | |
| City & State SUNRISE, FL | | City & State SUNRISE, FL | | 4. FEI Number 20-2284035 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip 33322 Country USA | | Zip 33322 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OROZCO, JOSE M 2365 NW 73TH AVE SUNRISE, FL 33313 | | | | 7. Name and Address of New Registered Agent Name JOSE M. OROZCO Street Address (P.O. Box Number is Not Acceptable) 2692 N. UNIVERSITY DRIVE #10 City SUNRISE FL Zip Code 33322 | | | |
| 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  900080639699 10/31/06--01078--020 **\$8.75 <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 Due by September 6, 2006 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE P <input type="checkbox"/> Delete NAME OROZCO, JOSE M STREET ADDRESS 2365 NW 73TH AVE CITY-ST-ZIP SUNRISE, FL 33313 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2692 N. UNIVERSITY DRIVE #10 STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP SUNRISE, FL 33322 | | | |
| TITLE V <input type="checkbox"/> Delete NAME OROZCO, BEATRIZ E STREET ADDRESS 2365 NW 73TH AVE CITY-ST-ZIP SUNRISE, FL 33313 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2692 N. UNIVERSITY DRIVE #10 STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP SUNRISE, FL 33322 | | | |
| TITLE D <input type="checkbox"/> Delete NAME OROZCO, JOSE D STREET ADDRESS 2365 NW 73TH AVE CITY-ST-ZIP SUNRISE, FL 33313 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2692 N. UNIVERSITY DRIVE #10 STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP SUNRISE, FL 33322 | | | |
| TITLE D <input type="checkbox"/> Delete NAME OROZCO, JUAN P STREET ADDRESS 2365 NW 73TH AVE CITY-ST-ZIP SUNRISE, FL 33313 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2692 N. UNIVERSITY DRIVE #10 STREET ADDRESS SUNRISE, FL 33322 CITY-ST-ZIP SUNRISE, FL 33322 | | | |
| TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 900080639699 STREET ADDRESS 10/09/06--01045--021 **150.00 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 900080639699 STREET ADDRESS 10/31/06--01078--019 **600.00 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 or 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 attachment with an address with all other like empowered. | | | | | | | |
| SIGNATURE:  900080639699 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| | | | | Date | | Daytime Phone # | |