

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031907

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: APPRAISAL ALLIANCE SERVICES, INC.

**Current Principal Place of Business:**

153 37TH DR SW  
VERO BEACH, FL 32968

**New Principal Place of Business:**

**Current Mailing Address:**

153 37TH DR SW  
VERO BEACH, FL 32968

**New Mailing Address:**

FEI Number: 20-2398983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHRAMM, SCOTT A  
153 37TH DR SW  
VERO BEACH, FL 32968 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: D P ( ) Delete  
Name: SCHRAMM, SCOTT A  
Address: 153 37TH DR SW  
City-St-Zip: VERO BEACH, FL 32968

Title: D S ( ) Delete  
Name: SCHRAMM, DENISE  
Address: 153 37TH DR SW  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SCOTT A. SCHRAMM

D P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date