

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034783

FILED
Apr 30, 2006
Secretary of State

Entity Name: ZERRIP APPRAISAL CORPORATION

Current Principal Place of Business:

2651 CEDAR BLUFF LANE
OCOE, FL 34761

New Principal Place of Business:

843 PECORI TERRACE
OCOE, FL 34761

Current Mailing Address:

2651 CEDAR BLUFF LANE
OCOE, FL 34761

New Mailing Address:

PO BOX 940717
MAITLAND, FL 32794

FEI Number: 20-2453571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERRIP, JENENE
2651 CEDAR BLUFF LANE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

ZERRIP, JENENE
843 PECORI TERRACE
OCOE, FL 34761 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: JENENE ZERRIP

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZERRIP, JENENE
Address: 2651 CEDAR BLUFF LANE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZERRIP, JENENE
Address: 843 PECORI TERRACE
City-St-Zip: OCOE, FL 34761

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: JENENE ZERRIP

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date