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**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000057529</b>		
1. Entity Name <b>CLAIR APPRAISALS, INC.</b>		
Principal Place of Business 1632 SE MISTLETOE ST PORT SAINT LUCIE, FL 34983		Mailing Address 1632 SE MISTLETOE ST PORT SAINT LUCIE, FL 34983
<b>DO NOT WRITE IN THIS SPACE</b>		
		01112007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>20-2729754</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  CLAIR, DIANE L 2174 SE HERRON AVE PORT SAINT LUCIE, FL 34952		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAIR, ROBERT J 2174 SE HERRON AVE. PT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAIR, DIANE L 2174 SE HERRON AVE. PT ST LUCIE, FL 34952	
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TITLE NAME 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 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: <u>Diane Clair (Diane Clair)</u>		1/1/07 (772) 879-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #