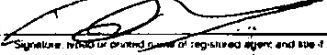


FILED
Jun 22, 2006 8:00 am
Secretary of State

05-30-2006 90038 039 ***550.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000079681			
1. Entity Name FIRST CHOICE APPRAISAL GROUP INC			
Principal Place of Business 2700 GLADES CIR STE 106 WESTON, FL 33327		Mailing Address 2700 GLADES CIR STE 106 WESTON, FL 33327	
2. Principal Place of Business 161 West 35 St Suite, Apt. #, etc.		3. Mailing Address 161 West 35 St Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012		Country USA	
4. FEI Number 20-2941634		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, SAMUEL 2700 GLADES CIR STE 106 WESTON, FL 33327		7. Name and Address of New Registered Agent Name Sanchez, Samuel Street Address (P.O. Box Number is Not Acceptable) 161 West 35 St City Hialeah FL Zip Code 33012	
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  Samuel Sanchez, Reg. Agent 5/24/06 (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS SANCHEZ, SAMUEL 2700 GLADES CIR STE 106 WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:  Samuel Sanchez, President 5/24/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #			