2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # P05000133824** 02-17-2006 90064 011 ***150.00 REAL ESTATE APPRAISAL OF NW FL INC. Principal Place of Business Mailing Address 60017486 5113 N. DAVIS HWY., SUITE 8 5113 N. DAVIS HWY., SUITE 8 PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Same 5113 N Davis Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 CR2E034 (11/05) Cha-P Suite 4. FEI Number 11-3758 119 City & State Pensacol Applied For City & State Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 32503 scambia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Henderson HENDERSON, GREG O. Box Number is Not Acceptable) N Davis Hwy 3476 FAWNWOOD DR. PACE, FL 32571 Pensaeola 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. (NOHE_Registered Agent signature required when reinstating) if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Addition BILE ☐ Delete ☐ Change NAME HENDERSON, GREG NAME STREET ADDRESS 3476 FAWNWOOD DR. STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP IITLE ☐ Delete MLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition DILE TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete ппе ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZE Delete ☐ Change ☐ Addition TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Change ☐ Addition RNF ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED