

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138187

Entity Name: TROPIC VALUE APPRAISALS INC.

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

3302 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

505 BURTON LANE
SANFORD, FL 32771

Current Mailing Address:

PO BOX 2597
SANFORD, FL 32772

New Mailing Address:

FEI Number: 20-3639744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUSTER, WILLIAM E IV
933 MARKET PROMENADE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CUSTER, WILLIAM E IV
505 BURTON LANE
SANFORD, FL 32771 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:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUSTER, WILLIAM E IV
Address: 933 MARKET PROMENADE
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: OWENS, SAMUEL D III
Address: 3302 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CUSTER, WILLIAM E IV
Address: 470 RIVER DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V (X) Change () Addition
Name: OWENS, SAMUEL D III
Address: 505 BURTON LANE
City-St-Zip: SANFORD, FL 32771

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: SAMUEL D OWENS III

V

04/16/2007

Electronic Signature of Signing Officer or Director

Date