## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000146633  1. Entity Name A 3 DAY APPRAISAL, INC.						01-17-2006 90246 011 ***150.00				
Principal Plac	ce of Business	Mailing Address				(	aunn	0000		
20 N HALIFAX PO BOX 7497 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32116					1 (BE(1981) (r)		6000		ri <b>ac</b> i et evur	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-P	CR2E0	034 (11/05)		
City & State		City & State			4. FEI Number 20		55	<del></del>	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	_ 6Name and Address of Curren	nt Registered Agent			7Name and	Address of New F	Registered	Agent		
CIMIENIEV IAMES				Name						
SWEENEY, JAMES 20 N HALIFAX DAYTONA BEACH, FL 32118				Street Addre	ss (P.O. Box Numbe	er is Not Acceptabl	le)			
	,									
<u>-</u>				City			FL	Zip Code		
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registere	ed affice or regi	istered agent, or bot	h, in the State of FI	orida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable. (N	IOTE: Registere	d Agent signature rec	quired when reinstating)		DATE			
FIL	.E NOW!!! FEE IS \$150.00	9. Election Cam		ncing	\$5.00 May Be Added to Fees					
Atter M	ay 1, 2006 Fee will be \$550	7.00 Trust Fund Co	Jilanbeateri.		Added to Fees					
10.	ay 1, 2006 Fee will be \$550	D.00 Trust Fund Co	11.			CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
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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: ★

OF SIGNING OFFICER OR DIRECTOR

(384) 255-