2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000157095 03-27-2008 90032 043 ***150.00 TALL OAKS APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address 4070 CREYSTONE DRIVE 4070 GREYSTONE DRIVE CLERMONT; FL 34711 CLERMONT, FL 34711 1716 Bella lagour 03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FEL Number 43-2092760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JORDAN, EDWARD P'II DO NOT WRITE 604 N. HIGHWAY 27 MINNEOLA, FL 34715 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FARLEY, JACQUELYN A. NAME 4070 GREYSTONE DRIVE 1716 BellA LAGO Drive STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP TITLE FARLEY, GEORGE W II 4070 GREYSTONE DRIVE 1716 Bella LASO Drice STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADORESS CITY-ST-ZIP 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

3/14/08 352043

FILED Mar 27, 2008 8:00 am