

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032877

FILED
Apr 27, 2009
Secretary of State

Entity Name: PINNACLE APPRAISALS INC

Current Principal Place of Business:

28550 SW 144TH AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

18620 SW 93RD AVENUE
CUTLER BAY, FL 33157

Current Mailing Address:

28550 SW 144TH AVENUE
HOMESTEAD, FL 33033

New Mailing Address:

18620 SW 93RD AVENUE
CUTLER BAY, FL 33157

FEI Number: 26-8636857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERCROMBIE ACCOUNTING INC
16115 SW 117TH AVENUE #25
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

BEEHLER, NOLA L PRES.
18620 SW 93RD AVENUE
CUTLER BAY, FL 33157 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: NOLA L. BEEHLER

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: BEEHLER, NOLA
Address: 28550 SW 144TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: BEEHLER, NOLA L PRES.
Address: 18620 SW 93RD AVENUE
City-St-Zip: CUTLER BAYU, FL 33157

I hereby certify that the information supplied with this filing does not qualify 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: NOLA L. BEEHLER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date