2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094175

Entity Name: APPRAISAL INTEGRATED MANAGEMENT INC

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
24690 SAN	NDHILL BLVD			
UNIT 603				
PUNTA G	ORDA, FL 339	983		
Current Mailing Address:			New Mailing Address:	
UNIT 603	NDHILL BLVD	002		
PUNTAG	ORDA, FL 339	183		
FEI Number	: 26-3571678	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
2018 PRO	N, CHARLES F OUDE ST ARLOTTE, FL			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,
SIGNATUI	RE:			
	Electron	nic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAMILTON, CH 2018 PROUDE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (HAMILTON, MA 1058 NW 13TH STUART, FL 3	I ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (VREDEVOOGE 2212 SW ADD ARCADIA, FL	SON	Title: Name: Address: City-St-Zip:	() Change () Addition

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: MARK HAMILTON S 01/09/2009