2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# P92000015404

Entity Name: COLLINS APPRAISAL SERVICE, INC.

Current Principal Place of Business:

1670 OVERLOOK RD
LONGWOOD, FL 32750 US

New Principal Place of Business:

1506 TRAVERTINE TR
SANFORD, FL 32771 US

Current Mailing Address:

1670 OVERLOOK RD
LONGWOOD, FL 32750 US

New Mailing Address:

1506 TRAVERTINE TR
SANFORD, FL 32771 US

FEI Number: 59-3158148 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLINS, WALTER G
1670 OVERLOOK RD.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

COLLINS, WALTER G
1506 TRAVERTINE TR
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: 02/14/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLINS, WALTER G
Address: 1670 OVERLOOK RD.
City-St-Zip: LONGWOOD, FL

Title: VST ( ) Delete
Name: COLLINS, PATRICIA A
Address: 1670 OVERLOOK RD.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLINS, WALTER G
Address: 1506 TRAVERTINE TR
City-St-Zip: SANFORD, FL 32771

Title: VST (X) Change ( ) Addition
Name: COLLINS, PATRICIA A
Address: 1506 TRAVERTINE TR
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: WALTER G COLLINS P 02/14/2006
Electronic Signature of Signing Officer or Director — Date