


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2008 8:00 am**  
**Secretary of State**


05-06-2008 90037 047 \*\*\*150.00

<b>DOCUMENT # P94000028393</b>	
1. Entity Name <b>PROPERTY TAX ADJUSTERS, INC.</b>	

Principal Place of Business <b>4770 BISCAYNE BLVD SUITE 670 MIAMI, FL 33137</b>	Mailing Address <b>4770 BISCAYNE BLVD SUITE 670 MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**

**66013028**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0501558</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATE ACCESS, INC. 238 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>	
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**DO NOT WRITE  
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.

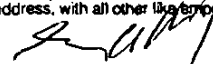
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS7D APPEL, GARY A 4770 BISCAYNE BLVD.#670 MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:**  **4/18/08** **3-T576633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #