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Secretary of State

04-24-2006 90420 006 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000092867

1. Entity Name
EMERALD COAST APPRAISERS, INC.

66020308

Principal Place of Business	Mailing Address
11714 EMERALD COAST PARKWAY DESTIN, FL 32550 US	P O BOX 488 DESTIN, FL 32540-0488 US

04122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12273 Emerald Coast Pkwy	
Suite, Apt. #, etc.: Suite 117	Suite, Apt. #, etc.:
City & State: Destin, FL	City & State:
Zip: 32550 Country:	Zip: Country:

4. FEI Number: 59-3300412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, BENJAMIN F. P. O. BOX 488 DESTIN, FL 32540	Name: Benjamin F. Anderson Street Address (P.O. Box Number is Not Acceptable): 12273 Emerald Coast Pkwy Ste 117 City: Destin FL Zip Code: 32550

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: [signature] DATE: 4/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, BENJAMIN F 569 L'OMBRE CIRCLE FT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KAREN G 569 L'OMBRE CIRCLE FT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Date: 4/12/06 Daytime Phone #: 850 654-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR