

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90004 035 ***150.00

DOCUMENT # P96000010872

1. Entity Name
PROPERTY ANALYTICS, INC.



Principal Place of Business
500 EAST BROWARD BLVD..
SUITE 1950
FT. LAUDERDALE, FL 33394

Mailing Address
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394

40025566



02162007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0644081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HECKER, ALAN R	
STREET ADDRESS	7777 GLADES RD # 205	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	HECKER, NANCY G	
STREET ADDRESS	7777 GLADES RD # 205	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 **561-477-8685**
Date Daytime Phone #