2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039236

Entity Name: ASSOCIATED CERTIFIED APPRAISERS, INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1262 DELMAR ST 5450 110TH STREET JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

1262 DELMAR ST JACKSONVILLE, FL 32205 5450 110TH STREET JACKSONVILLE, FL 32244

FEI Number: 59-3258703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAUSCH, LAWRENCE R 712 SOUTH EDGEWOOD AVE JACKSONVILLE, FL 32205 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WALTER, BILLIE D
 Name:
 WALTER, BILLIE D

 Address:
 1262 DELMAR ST
 Address:
 5450 110TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32244

Title: VP () Delete Title: VP (X) Change () Addition Name: WALTER, BONNIE Name: WALTER, BONNIE

Address: 1262 DELMAR STREET Address: 5450 110TH STREET

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ROTH, CATHY
 Name:
 ROTH, CATHY

 Address:
 1262 DELMAR STREET
 Address:
 5450 110TH STREET

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32244

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: BILLIE D WALTER PRES 04/28/2007