


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State


04-30-2007 90395 030 ***150.00

DOCUMENT # P98000020538 1. Entity Name ST. AUGUSTINE APPRAISAL GROUP, INC.	
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Principal Place of Business 721 AIA BEACH BLVD. SUITE 7 ST AUGUSTINE, FL 32080	Mailing Address 721 AIA BEACH BLVD. SUITE 7 ST AUGUSTINE, FL 32080
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2. Principal Place of Business - No P.O. Box # 721 AIA Beach Blvd.	3. Mailing Address 721 AIA Beach Blvd.
Suite, Apt. #, etc. Suite 4	Suite, Apt. #, etc. Suite 4

City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32080	Zip 32080
Country USA	Country USA



01152007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	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 _____ DATE _____

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete HATIN, JEFFREY J
NAME	27 SEA OAKS DR.
STREET ADDRESS	ST AUGUSTINE, FL 32080
CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete HINKLE, STEPHEN D
NAME	43 OCEAN COURT
STREET ADDRESS	ST. AUGUSTINE, FL 32080
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	
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
NAME	
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 like empowered.

SIGNATURE: _____ **4/26/07 (904) 471-7227** _____

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