

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 29
Sec**

DOCUMENT # P99000031560 1. Entity Name JAMES RILEY REAL ESTATE & APPRAISING, INC.		
Principal Place of Business 239 NW WILDWOOD CIR DEERFIELD BEACH, FL 33442	Mailing Address 239 NW WILDWOOD CIR DEERFIELD BEACH, FL 33442	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01262007 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 65-0908697		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <div style="display: flex;"> <div style="flex: 1; padding: 5px;"> RILEY, JAMES F 239 NW WILDWOOD CIR DEERFIELD BEACH, FL 33442 </div> <div style="flex: 1; text-align: center; vertical-align: middle; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		000000606048 01/30/07-80063-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, JAMES F 239 NW WILDWOOD CIR DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, MICHAEL S 239 NW WILDWOOD CIR DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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.		
<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> SIGNATURE: <u>JAMES F. RILEY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="flex: 1;"> 1-26-07 <small>Date</small> </div> <div style="flex: 1; text-align: right;"> 954 879-7598 <small>Daytime Phone #</small> </div> </div>		