2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101703

FILED Apr 30, 2008 Secretary of State

Entity Name: MARYANN OSTOLAZA APPRAISAL SERVICES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 6240 SHIRLEY ST 5631 CYPRESS HOLLOW WY #205 NAPLES, FL 34109 NAPLES, FL 34109 **New Mailing Address: Current Mailing Address:** 5631 CYPRESS HOLLOW WAY 5631 CYPRESS HOLLOW WY NAPLES, FL 34109 NAPLES, FL 34109 US FEI Number: 65-0974492 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: OSTOLAZA, MARYANN 5631 CYPRÉSS HOLLOW WAY NAPLES, FL 34109 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: () Delete Title: () Change () Addition OSTOLAZA, MARYANN Name: Name: 5631 CYPRESS HOLLOW WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: OSTOLAZA, EDWARD Name: 5631 CYPRESS HOLLOW WAY Address: Address: NAPLES, FL 34109 City-St-Zip: City-St-Zip:

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: MARYANN OSTOLAZA PRES 04/30/2008