2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2005 08:00 AM DOCUMENT # V11887 **Secretary of State** 1. Entity Name APPRAISAL SPECIALISTS LIMITED, INC. Principal Place of Business Mailing Address 4702 FOUNTAINS DR SOUTH 4702 SOUTH FOUNTAINS DR SOUTH #401 LAKE WORTH FL 33467 LAKE WORTH FL 33467 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0309410 Not Applicat Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, EUGENE J Street Address (P.O. Box Number is Not Acceptable) 4702 FOUNTAINS DR SOUTH #401 LAKE WORTH FL 33467 City 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 access the obligations of registered agent. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Additio THEF ם HHE ☐ Change ☐ Defete NAME MARTIN, EUGENE J NAME STREET ADDRESS 4702 FOUNTAINS DR SOUTH #401 STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY - ST- ZIP 000000196126 UCUUCUI36125 □ change U1/26/05-80057-002 150.00 HHE ☐ Delete SHILE Aciditia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY ST-ZIP □ ^ · · · · · нПь ☐ Delete THEF Change : NAME NAME SURFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete Change Addition | MILE HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MAGE CITY-ST-ZIP TITLE ☐ Delete DEF ☐ Change ☐ A... NAVE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIF nite ☐ Delete mili Change And Annual NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direction 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 changed or on a statechment with an address, with all effect like empowered. IN EUGENE J. MARTINPRES, 01/24/05 561-439-1756

FILED