

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V54414

FILED
Mar 31, 2006
Secretary of State**Entity Name:** FIRST FINANCIAL SURVEYORS, INC.**Current Principal Place of Business:**950 SOUTHWINTER PARK DR.
SUITE 230
CASSELBERRY, FL 32707 US**Current Mailing Address:**950 SOUTHWINTER PARK DR.
SUITE 230
CASSELBERRY, FL 32707 US**New Principal Place of Business:**950 SOUTH WINTER PARK DR.
SUITE 230
CASSELBERRY, FL 32707 US**New Mailing Address:**950 SOUTH WINTER PARK DR.
SUITE 230
CASSELBERRY, FL 32707 US**FEI Number:** 65-0351258**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURGER, ALAN M ESQ
BURGER, TRAILOR & FARMER, PA
1601 FORUM PLACE, STE. 404
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOCKMAN, AMY
Address: 950 S WINTER PARK DRIVE, SUITE 230
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: LAISCH III, FRANK J
Address: 950 S WINTER PARK DRIVE, SUITE 230
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Delete
Name: SMITH, CARL
Address: 950 S WINTER PARK DRIVE, SUITE 230
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Delete
Name: LAISCH, KAREN
Address: 950 S WINTER PARK DR STE 230
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SMITH, CARL M
Address: 950 S WINTER PARK DRIVE, SUITE 230
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY STOCKMAN

P

03/31/2006

Electronic Signature of Signing Officer or Director

Date