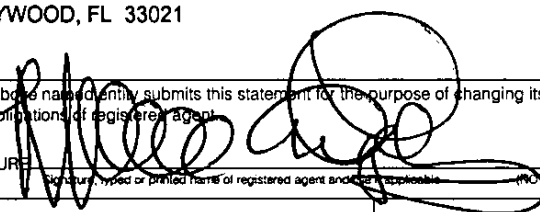
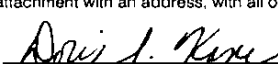


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90002 041 ***150.00

DOCUMENT # P0000072115			
1. Entity Name SAPP INVESTMENTS, INC.			
Principal Place of Business 319 MARSHALL STREET KENNETT SQUARE, PA 19348		Mailing Address 3230 STIRLING ROAD SUITE 1 HOLLYWOOD, FL 33021	
2. Principal Place of Business		3. Mailing Address 4040 Sheridan Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hollywood, FL	
Zip	Country	Zip	Country
33021	USA	33021	USA
4. FEI Number 65-1027105		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENGELBERG, MORRIS ESQ 3230 STIRLING ROAD SUITE 1 HOLLYWOOD, FL 33021		Name 4040 Sheridan Street	
		Street Address (P.O. Box Number is Not Acceptable)	
		Hollywood	
		City	
		FL	
		Zip Code 33021	
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 07/19/2006	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KANE, DORIS 319 MARSHALL STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 319 Marshall Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TESLER, CANDACE F 802 WESTWOOD LANE WILMETTE, IL 60091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KANE, RANDALL 152 LEADLINE LANE WEST CHESTER, PA 19382 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 07/20/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Doris Kane, Pres. (610) 444-3474	
		Daytime Phone #	

50923360



07182006 Chg-P CR2E034 (11/05)