


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 032 ***158.75

DOCUMENT # P01000093352
 1. Entity Name
 ACCU-PRESSURE SAFETY CAPS, INC.



Principal Place of Business
 150 E SAMPLE ROAD
 100
 POMPANO BEACH FL 33064

Mailing Address
 150 E SAMPLE ROAD
 100
 POMPANO BEACH FL 33064



2. Principal Place of Business - No P.O. Box #
 440 S. Federal Highway
 Suite, Apt. #, etc.
 203

3. Mailing Address
 440 S. Federal Highway
 Suite, Apt. #, etc.
 203

1st MOORE CR2E034 (10/06)

City & State
 Deerfield Beach, FL

City & State
 Deerfield Beach, FL

Zip
 33441

Country
 USA

Zip
 33441

Country
 USA

4. FEI Number 65-1139577

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLDBERG, ADAM
 150 E SAMPLE ROAD SUITE #100
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name
 Adam Goldberg
 Street Address (P.O. Box Number is Not Acceptable)
 440 S. Federal Highway Suite #203
 Deerfield Beach, FL 33441
 City
 Deerfield Beach, FL 33441 FL Zip Code

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 Adam Goldberg (NOTE: Registered Agent signature required when reinstating) DATE 04-09-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDBERG, ADAM 149 LAS BRISAS CIRCLE HYPOLUXO FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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: Adam Goldberg Adam Goldberg DATE 04-09-07 954-571-9949
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #