

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# P03000012555

Entity Name: AEPE EXPORT, INC.

**Current Principal Place of Business:**

5614 HARBOR CIRCLE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2309 EL DORADO PARKWAY  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 51-0446709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SSI ACCOUNTING & TAX SERVICE, INC.  
1500 COLONIAL BLVD SUITE 235  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

SSI ACCOUNTING & TAX SERVICE, INC.  
3620 COLONIAL BLVD SUITE 230  
FORT MYERS, FL 33912 US

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: SCHMITZ

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FUCHS, DETLEF  
Address: 5614 HARBOR CIRCLE  
City-St-Zip: CAPE CORAL, FL 33914  
  
Title: S ( ) Delete  
Name: FUCHS, ROSWITHA  
Address: 5614 HARBOR CIRCLE  
City-St-Zip: CAPE CORAL, FL 33914 FL  
  
Title: VP ( ) Delete  
Name: WOLNIK, EDITH  
Address: 1802 E 9TH STREET  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date