2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154107

Entity Name: APMS, INC.

Current Mailing Address:

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3380 SE LAKE WEIR AVE 3380 SE LAKE WEIR AVE OCALA, FL 34471

SUITE # D OCALA, FL 34471

New Mailing Address:

3380 SE LAKE WEIR AVE 3380 SE LAKE WEIR AVE OCALA, FL 34471 US SUITE # D

OCALA, FL 34471 US

FEI Number: 42-1611410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NOLEN, M. JANE NOLEN, M. JANE 1655 SW 5TH AVE 3380 SË LAKE WEIR AVE OCALA, FL 34474 US SUITE#D OCALA, FL 34471 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: M. JANE NOLEN 01/16/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

NOLEN, M. JANE Name: Name: NOLEN, M. JANE

1655 SW 5TH AVE Address: 3380 SE LAKE WEIR AVE, SUITE # D Address:

City-St-Zip: OCALA, FL 344710650 City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: M. JANE NOLEN 01/16/2008