


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L00624 1. Entity Name ADVANCED PERIPHERAL, INC.	
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Principal Place of Business 1527 WILLARD RD., N.W. PALM BAY, FL 32907 US	Mailing Address P. O. BOX 060327 PALM BAY, FL 32906-0327 US
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03192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2956357	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 JONES, RICHARD O. 1250 E. EAU GALIE BLVD. SUITE J MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODBY, CATHY A 1527 WILLARD ROAD NW PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST RODBY, THOMAS A. 1527 WILLARD ROAD NW PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODBY, THOMAS A. 1527 WILLARD ROAD NW PALM BAY, FL
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04/06/06-80028-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Thomas A Rodby Thomas A Rodby 19 Mar 06 321-722-0834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if