2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507201

Entity Name: AP ASSOCIATES, INC.

FILED Mar 05, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

6107 MEMORIAL HIGHWAY 5404 HOOVER BLVD SUITE F SUITE11

TAMPA, FL 33615 TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

6107 MEMORIAL HIGHWAY 5404 HOOVER BLVD SUITE F SUITE11 TAMPA, FL 33615 TAMPA, FL 33634

FEI Number: 59-1694121 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:

MITCHELL, DENNIS M. JOHN C, MITCHELL 6107 MEMÓRIAL HWY 7129 PEĹICAN ISLAND DR TAMPA, FL 33634 STE F TAMPA, FL 33615 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: JOHN C. MITCHELL 03/05/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: Name: MITCHELL, SUSAN Name: MITCHELL, SUSAN 7129 PELICAN ISLAND DR. 7129 PELICAN ISLAND DR. Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33634

Title: PD Title: PD () Delete (X) Change () Addition Name: MITCHELL, DENNIS M Name: MITCHELL, JOHN M

7129 PELICAN ISLAND DR. 7129 PELICAN ISLAND DR. Address: Address: TAMPA, FL 33634 City-St-Zip: TAMPA, FL City-St-Zip:

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

JOHN, MITCHELL C Name: Name: 3929 AMERICANA DRIVE Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip:

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.

SIGNATURE: JOHN C. MITCHELL PD 03/05/2008