

2006
FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 050 ***150.00

DOCUMENT # 610296

1. Entity Name

AMERICAN PULSE EXCHANGE, INC.



Principal Place of Business

**STATE ROAD 51, N.
MAYO FL 32066**

Mailing Address

**STATE ROAD 51, N.
MAYO FL 32066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1982308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRINGTON, JEWEL
STATE ROAD 51 NORTH
MAYO, FL
MAYO FL 32066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **BARRINGTON, JAMES E.**
STREET ADDRESS **STATE RD 51 N.**
CITY - ST - ZIP **MAYO FL 32066**

TITLE **PS** ☐ Delete
NAME **BARRINGTON, JEWEL D.**
STREET ADDRESS **STATE RD 51 N.**
CITY - ST - ZIP **MAYO FL 32066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James E. Barrington **JAMES E. BARRINGTON**

11/25/05 **386 294-1975**

3/29/06

ATTACHMENT

60024375

APX

*P. O. BOX 424
MAYO, FL 32066*

**Telephone # 386 294 1975
Fax # 386 294 2240**

March 29, 2006

**Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500**

Reference: 2006 Annual Report

**In the absence of receiving 2006 For Profit Corporation Annual Report (AR) form
(Document # 610296) enclosed is report using 2005 form.**

Also enclosed is \$150.00 for annual filing fee.

Thanks.


**James E. Barrington
Vice-President
American Pulse Exchange, Inc.**

FEI No. 59-1982308