


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005035 1. Entity Name APPTIS (IAI), INC.	
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Principal Place of Business 314 CHRIS GAUPP DRIVE, #203 GALLOWAY, NJ 08205	Mailing Address 314 CHRIS GAUPP DRIVE, #203 GALLOWAY, NJ 08205
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03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2956434	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HEADLEY, MICHAEL 314 CHRIS GAUPP DR., STE. 203 GALLOWAY, NJ 08205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST BLADWIN, STEVEN W 14155 NEWBROOK DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSAT SOFO, THOMAS A 14155 NEWBROOK DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST COLLINS, ALAN 712 FIFTH AVE., 23RD FLR. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KLINSKY, STEVEN B 14155 NEWBROOK DR. CHANTILLY, VA 20151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJOUZ, MICHAEL B 712 FIFTH AVE, 23RD FLR. NEW YORK, NY 10019

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03/26/05-80022-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **3/22/05** **609-652-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #