2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005780

1. Entity Name
ADVANCED PROTECTION INDUSTRIES, INC.

FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
26800 ALISO VIEJO PARKWAY, SUITE 250 ALISO VIEJO, CA 92656	26800 ALISO VIEJO PARKWAY, SUITE 250 ALISO VIEJO, CA 92656

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0973254
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

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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.

U00000955692
07/22/08-80002-006 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHUBERT, MICHEAL
STREET ADDRESS	26800 ALISO VIEJO PARKWAY, SUITE 250
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	VSD
NAME	ANDRAWOS, WADIE G
STREET ADDRESS	26800 ALISO VIEJO PARKWAY, SUITE 250
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	TD
NAME	FARAG, FARID
STREET ADDRESS	26800 ALISO VIEJO PARKWAY, SUITE 250
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	D
NAME	SCHUBERT, SCOTT
STREET ADDRESS	26800 ALISO VIEJO PARKWAY, SUITE 250
CITY-ST-ZIP	ALISO VIEJO, CA 92656
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MICHAEL SCHUBERT 07/15/08 800)602-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #