

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007518

Entity Name: APD DEVELOPERS, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

6495 SHILOH RD  
SUITE 400  
ALPHARETTA, GA 30005

## New Principal Place of Business:

## Current Mailing Address:

6495 SHILOH RD  
SUITE 400  
ALPHARETTA, GA 30005

## New Mailing Address:

FEI Number: 58-2309495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBOVOY, ARKADIY  
13846 ATLANTIC BLVD.  
APT. 905  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: DUBOVOY, ARKADIY  
Address: 3374 CEDAR FARMS CT  
City-St-Zip: ALPHARETTA, GA 30004

Title: S ( ) Delete  
Name: DUBOVOY, VERA  
Address: 3374 CEDAR FARMS CT  
City-St-Zip: ALPHARETTA, GA 30004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LARISA PLODOVSKY

MS

03/19/2009

Electronic Signature of Signing Officer or Director

Date