


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90001 050 ***150.00

DOCUMENT # F06000007619		
1. Entity Name APRIORE ASSOCIATES INC.		

Principal Place of Business 8222 SARONA LANE CLAY, NY 13041	Mailing Address 8222 SARONA LANE CLAY, NY 13041
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DO NOT WRITE IN THIS SPACE

40100



08212007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3190065	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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6. Name and Address of Current Registered Agent PRIORE, BRUCE L 434 PINE GLEN LANE UNIT C2 GREENACRES, FL 33463
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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.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIORE, BRUCE L 434 PINE GLEN LANE UNIT C2 GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROUGH, MELODY 8222 SARONA LANE CLAY, NY 13041
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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: <u>Bruce L Priore</u> BRUCE L PRIORE <u>8/29/07</u> <u>5619682495</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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