2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# F08000002797

Entity Name: THE APT FOUNDATION, INC.

Current Principal Place of Business:

6445 SOUTH CHICKASAW TRAIL #302
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

221 NORTH FIGUEROA STREET #1200
LOS ANGELES, CA 90012

New Mailing Address:

FEI Number: 91-3154320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete
Name: ACUN, HENRI
Address: 5 RUE DU BOIS SAUVAGE, 91000 EVRY
City-St-Zip: FRANCE, OC

Title: P ( ) Delete
Name: ACUN, HENRI
Address: 5 RUE DU BOIS SAUVAGE
City-St-Zip: 9100 EVRY, FRANCE, OC

Title: SD ( ) Delete
Name: MYERS, JAMES K
Address: 22 RUE DES AJONCS
City-St-Zip: ST. SAUVEUR, FRANCE, 77930 OC

Title: TD ( ) Delete
Name: RYAN, DENNIS
Address: 53 AVENUE DESCARTES
City-St-Zip: 91080 COURCOURNNES FRANCE, 77930 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY ACUN P 02/18/2009

Electronic Signature of Signing Officer or Director — Date