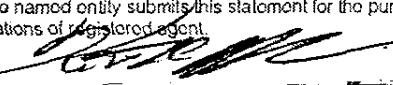
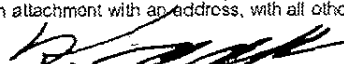


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                 |                                                                                                                                                                         |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # G06716</b><br>1. Entity Name<br><b>APEX REALTY &amp; EXCHANGE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                 |                                                                                                                                                                         |  |                                                                   |
| Principal Place of Business<br><b>2000 WEBBER ST<br/>SARASOTA FL 34239<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                 | Mailing Address<br><b>PO BOX 20067<br/>SARASOTA FL 34276<br/>US</b>                                                                                                     |                                                                                   |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                               |                                                                                   |                                                                   |
| City & State<br>Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                 | City & State<br>Zip                                                                                                                                                     |                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                 | Country                                                                                                                                                                 |                                                                                   |                                                                   |
| 4. FEI Number <b>59-2228909</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                 |                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                 |                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ALLEN, KENNETH D<br/>2000 WEBBER ST<br/>SARASOTA FL 34239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |                                                                                   |                                                                   |
| 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  DATE <b>1/24/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                 |                                                                                                                                                                         |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                     |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                   |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PST<br>ALLEN, KENNETH D.<br>2000 WEBBER ST<br>SARASOTA FL 34239 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | U000000601784<br>01/26/07-80063-010 150.00                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <input type="checkbox"/> Delete |                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>Kenneth D. Allen</b> 1/24/07 941-321-3708<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                 |                                                                                                                                                                         |                                                                                   |                                                                   |

