


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G72228</b> 1. Entity Name <b>ADVANCED PROTECTION TECHNOLOGIES, INC.</b>	
---	---

Principal Place of Business <b>14550 58TH ST. NORTH CLEARWATER, FL 33760 US</b>	Mailing Address <b>14550 58TH ST. NORTH CLEARWATER, FL 33760 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2370604</b>	Applied For 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  <b>CHAPMAN, R. THOMAS, JR. 14550 58TH ST. NORTH CLEARWATER, FL 33760</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT CHAPMAN JR, R THOMAS 14550 58TH ST. NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS MALONE, MIKE 14550 58TH ST. NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000675196  
03/30/07-80008-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Mike Malone (**MIKE MALONE**) 3/9/2007 727-535-6339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #