2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# G72228

Entity Name: ADVANCED PROTECTION TECHNOLOGIES, INC.

Current Principal Place of Business:

14550 58TH ST. NORTH
CLEARWATER, FL 33760 US

New Principal Place of Business:

14550 58TH STREET NORTH
CLEARWATER, FL 33760 US

Current Mailing Address:

14550 58TH ST. NORTH
CLEARWATER, FL 33760 US

New Mailing Address:

14550 58TH STREET NORTH
CLEARWATER, FL 33760 US

FEI Number: 59-2370604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, R. THOMAS, JR.
14550 58TH ST. NORTH
,
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

CHAPMAN, R TOM
14550 58TH STREET NORTH
CLEARWATER, FL 33760 US

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: R TOM CHAPMAN 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: CHAPMAN JR, R THOMAS
Address: 14550 58TH ST. NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: DVS ( ) Delete
Name: MALONE, MIKE
Address: 14550 58TH ST. NORTH
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: CHAPMAN, R TOM
Address: 14550 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: DVS (X) Change ( ) Addition
Name: MALONE, MIKE
Address: 14550 58TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

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: R TOM CHAPMAN DPT 04/23/2009
Electronic Signature of Signing Officer or Director Date