2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

NAME	DOCU 1. Entity Nam APOSTO INC.		-18-2007	90179 039 ****70	0.00					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4022007 Chg-NP CR2E037 (12/06) City & State Country Country Country Country Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) FL Specific of Status Desired Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Specific of Status Desired Agent State Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Specific of Status Desired Agent State Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Specific of Status Desired Agent State Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Specific of State Address of New Registered Agent Agent State Address of New Registered Agent State Add	1916 27TH AVE. 1916 27TH AVE.									
City & State Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address									
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04022007 Ch	ıg-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 registering agent. 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 registering agent. 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 registering agent. 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 registering agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 8. The above named entity submits this statement for the purpose of changing its registered agent. 9. Election Campaign Financing		e	City & State			4. FEI Number 65-1109370	6	├		
PEGG, ROBERT L 3055 CARDINAL DR, # 107 VERO BEACH, FL 32963 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hypot or printed name of registered agent and lide if adopticable (NOTE. Registered Agent signature required when rentations)	Zip		Country Zip C		ntry	5. Certificate of Sta	atus Desired			
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VERO BEACH, FL 32963 SQL 4 Aul. SVe 20 City Low Board FL Zip Code				-	IIIa	RO Bay Numberie A	· <u>i</u> // .	Atty		
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING For India Department for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Who is presented Agent signature required when renatating) Filling Fee is \$61.25 Due by May 1, 2007 Pilling Fee is \$61.25 Due by May 1, 2007 Provided Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 The NAME WILLIAMS, GORDON G STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP VERO BEACH, FL 32960 TITLE TITLE VERO BEACH, FL 32960 TITLE TITLE VERO BEACH, FL 32960 TITLE TITLE Change Addition				-	Street Address ((P.U. Box Number is N	lot Acceptab	ole) <i>U</i>		
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the obligations of registered agent. SIGNATURE Signature. typos or printed name of registered agent and tide if applicable. Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME WILLIAMS, GORDON G STREET ADDRESS CITY-ST-2IP VERO BEACH, FL 32960 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition NAME STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 111LE V Delete 111LE Change Addition Change Addition	- Oll					o Beach	_	- - 	160	
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address with all other like empowered.