

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2005  
Secretary of State**

DOCUMENT# N27457

Entity Name: APOLOGETICS INTERNATIONAL, INC.

**Current Principal Place of Business:**

C/O MAX E. ALT  
8429 SW 137TH AVE.  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MAX E. ALT  
8429 SW 137TH AVE.  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 65-0126265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALT, MAX E.  
8429 SW 137TH AVE.  
MIAMI, FL 33183      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: D      ( ) Delete  
Name: ALT, MAX E.,  
Address: 8429 SW 137TH AVE.  
City-St-Zip: MIAMI, FL 33183

Title: D      ( ) Delete  
Name: YUEN, DAVID R  
Address: 1369 N.W. 123 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: CAMARGO, HEATHER  
Address: 3182 WILSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAX E. ALT

D

03/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date