## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27457

FILED Jul 07, 2008 Secretary of State

Entity Na		
	IME: APOLOGETICS INTERNATIONAL	INC
		,
Current F	Principal Place of Business:	New Principal Place of Business:
C/O MAX 8429 SW MIAMI, FL	137TH AVE.	
Current Mailing Address:		New Mailing Address:
C/O MAX 8429 SW MIAMI, FL	137TH AVE.	
	r: 65-0126265 FEI Number Applied For ( nce with s. 607.193(2)(b), F.S., the corporation	
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
ALT, MAX 8429 SW MIAMI, FL	137TH AVE.	
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
OFFICER	Electronic Signature of Registere S AND DIRECTORS:	ed Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
OFFICER Title: Name: Address: City-St-Zip:	-	•
Title: Name: Address:	D () Delete ALT, MAX E 8429 SW 137TH AVE.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: ( ) Change ( ) Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete ALT, MAX E 8429 SW 137TH AVE. MIAMI, FL 33183  D () Delete YUEN, DAVID R 1369 N.W. 123 AVE.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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 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 07/07/2008