2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2006 08:00 Secretary of State

DOCUMENT # P0000010930 1. Entitly Name AMERICAN PRODUCT TECHNOLOGY INC.								etary	
10750 SW 24TH STREET		Aailing Address 10750 SW 24TH STREET MIAMI, FL 33165							
Principal Place of Business 3.		Mailing Address							
Suite, Apr. #, etc.		Suite, Apt. #, etc.		04052006	Chg-P	CR2	E034 (11/05)		
City & State		City & State		4. FEI Numb 65-097				pplied For	
Zip Country		Zip Country		try		of Status Desired		\$8.75 Add	
	6. Name and Address of Current Reg	istered Agent	L		7. Name and	Address of New	Registere		
SARACENI, WAGNER R				Name		<u>-</u>			
	34TH PLACE RA, FL 33180			Street Addres	s (P.O. Box Numb	er is Not Acceptab	le) 		
	·								
			<u>.</u>	City	<u> </u>		F	;	
8. The above the obliga	e named entity submits this statement for the ations of registered agent.	e purpose of changing its	registere	ed office or regis	stered agent, or bo	oth, in the State of F	lorida. I a	n familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and to	itle if applicable. (NOTE	E: Flegistered	d Agent signature requ	ired when reinstating)		DATE	<u> </u>	
FILE NOWII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribute					5.00 May Be dded to Fees		-		
10.	OFFICERS AND DIR		11.		ADDITIONS,	CHANGES TO OF	FICERS AN	VD DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD SARACENI, WALDEMAR 21023 NE 34TH PLACE AVENTURA, FL 33180	Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARACENI, WILLIAM R 21023 NE 34TH PLACE AVENTURA, FL 33180	☐ Defete	TITLE NAME STREE				·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARACENI, WAGNER R 21023 NE 34TH PLACE AVENTURA, FL 33180	☐ Detete	•			05/20/06	05646 -8007	Charge 07 8-017 13	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	D SARACENI, WALDEMAR A 21023 NE 34TH PLACE AVENTURA, FL 33180	Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		ſ				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	Addition
12. I hereby of indicated of the cor changed.	certify that the information supplied with this i on this report or supplemental report is true poration or the receiver or truckee empower , or on an attachment with an andress. With	filing does not qualify for e and accurate and that m ed to execute this report a all other like empowered.	the exercise the the state of t	mptions contain ure shall have the ed by Chapter 6	ed in Chapter 119 e same legal effec 07, Florida Statute	, Florida Statutes. it as if made under is; and that my nam	l further or oath; that ne appears	artify that the in I am an officer In Block 10 or	iformation or director Block 11 if
SIGNATURE: Waldemar SAraceni May 08 06 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DATE OF BIGNING PROPERTY. Date Date Date Date Date Date Date Date									