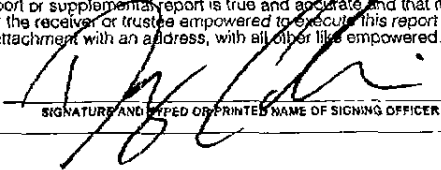


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100785			
1. Entity Name SAPP FAMILY CORP.			
Principal Place of Business C/O DOUGLAS J. COLLIER 800 FAIRWAY DR., #370 LINCOLN FINANCIAL DEERFIELD BEACH, FL 33441-1831		Mailing Address C/O DOUGLAS J. COLLIER 800 FAIRWAY DR., #370 LINCOLN FINANCIAL DEERFIELD BEACH, FL 33441-1831	
DO NOT WRITE IN THIS SPACE			
		02142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1050031	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, DOUGLAS J LINCOLN FINANCIAL ADVISORS 800 FAIRWAY DR., SUITE 370 DEERFIELD BEACH, FL 33441-1831		DO NOT WRITE IN THIS SPACE	
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 registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		U00000448677 03/09/06-80024-005 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DPST COLLIER, DOUGLAS J 800 FAIRWAY DRIVE #370 DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 supplementary 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.			
SIGNATURE: 		Date 2/16/06 Daytime Phone # 954 429 0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			