



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90236 004 \*\*\*150.00

<b>DOCUMENT # P01000001108</b> 1. Entity Name <b>AP SOLUTIONS, INC.</b>					
Principal Place of Business <b>8390 NW 53RD ST., #114</b> <b>MIAMI, FL 33166</b>			Mailing Address <b>8390 NW 53RD ST., #114</b> <b>MIAMI, FL 33166</b>		
2. Principal Place of Business <b>6431 NW 82nd Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>6431 NW 82nd Ave</b> Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>65-1067572</b>	
Zip <b>33166</b> Country <b>Miami Dade</b>		Zip <b>33166</b> Country <b>Miami Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DANIELSON, STEVEN R EA</b> <b>801 SOUTH FEDERAL HWY.</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name <b>Steven R Danielson EA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8569 Pines Blvd Suite 212</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33024</b>	
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 <u><i>Steven R Danielson</i></u> DATE <u>1/25/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ANDRIEU, YVON ANDRES</b> <b>1601 NW 108TH AVE., #117</b> <b>PLANTATION, FL 33322</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10800 NW 17th St</b> <b>Plantation FL 33322</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 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 like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>02/04/2006</u> <small>Date Daytime Phone #</small>		