2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Feb 08, 2006 8:00 am Secretary of State DOCUMENT # P01000085052 02-08-2006 90016 040 ***158.75 1. Entity Name APA SERVICES INC. Principal Place of Business Mailing Address TINCIDAG 6469 FOX GRAPE LANE 6469 FOX GRAPE LANE BRADENTON, FL 34202-2026 BRADENTON, FL 34202-2026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222006 CR2E034 (11/05) Cha-P City & State 4. FEI Number Applied For City & State 65-1138219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dunald H. Snyder Jr. WINDT, JACK W ESQ. Street Address (P.O. Box Number is Not Acceptable) 2389 RINGLING BLVD STE A 76th 5+ 61 SARASOTA, FL 34237 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 DOLIGLD H. SLUDER SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition TITLE ☐ Change BECKER, ALVIN RAY JR NAME NAME STREET ADDRESS 6469 FOX GRAPE LANE STREET ADDRESS CITY-ST-ZIP **BRADENTON, FL 342022026** CITY-ST-ZIP ☐ Detete Change TITLE TITLE Addition BECKÉR, DEBRA NAME 6469 FOX GRAPE LANE STREET ADDRESS STREET ADDRESS **BRADENTON, FL 342022026** CITY: ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete III) F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplemental report is rue 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 trust elemptowered to expect the receiver of the corporation or the receiver or trust elemptowered to expect the receiver of an attachment with an endures with all other like smptowered.

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