

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 23, 2007
Secretary of State**

DOCUMENT# P02000015436

Entity Name: APFS & CPAS INC.

Current Principal Place of Business:

22 E. STORY RD
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

22 E. STORY RD
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 04-3695661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, LUIS G
1013 VIA TIVOLI CT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELLO, LUIS G
Address: 1013 VIA TIVOLI CT
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP (X) Delete
Name: BELLO, NANCY
Address: 1013 VIA TIVOLI CT
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS G BELLO

P

06/23/2007

Electronic Signature of Signing Officer or Director

_____ Date