2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022374

Entity Name: AMERICAN POWER GROUP, INC

FILED Jul 15, 2007 Secretary of State

Entity Name: AMERICAN POWER GROUP, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
2233 LAUGHING GULL CIRCLE SUITE 1						
	BEACH, FL 32	2233				
Current Mailing Address:				New Mailing Address:		
2233 LAUGHING GULL CIRCLE SUITE 1						
ATLANTIC BEACH, FL 32233 US						
FEI Number:	35-2161182	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
3346 BRAC	ATHERINE F HENBURY LA /ILLE, FL 3222		2233 LA	EZ, AIXA C JUGHING GUL TIC BEACH, FI		
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: AIXA C. ESTEVEZ				07/15/2007		
Electronic Signature of Registered Agent					Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () I GROFF, HARRY 2233 LAUGHING ATLANTIC BEAC	GULL CIRCLE	Title: Name: Address: City-St-Zi _l		(X) Change () Addition AIXA C HING GULL CIRCLE BEACH, FL 32233	
Title: Name: Address: City-St-Zip:	DV () I ESTEVEZ-GROF 2233 LAUGHING ATLANTIC BEAC	GULL CIRCLE	Title: Name: Address: City-St-Zi _l		(X) Change () Addition RRY J HING GULL CIRCLE BEACH, FL 32233	
Title: Name: Address: City-St-Zip:	DT () I DROST, CATHER 3346 BRACHENI JACKSONVILLE,	BURY LANE	Title: Name: Address: City-St-Zi _l	o:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () I ABBOTT, JOSHU 15663 WILLIAM WOODBRIDGE,	BAYLIFF CT.	Title: Name: Address: City-St-Zi _l	o :	() Change () Addition	
Title: Name: Address: City-St-Zip:	DD () I ESTEVEZ, PABL 2473 MAYAPPLE JACKSONVILLE,	ERDE	Title: Name: Address: City-St-Zi _l	ɔ :	() Change () Addition	

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: AIXA C. ESTEVEZ DP 07/15/2007