


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90051 035 \*\*\*150.00

<b>DOCUMENT # P02000092630</b>	
1. Entity Name ADVANCED PHONE SOLUTIONS, INC.	

Principal Place of Business 751 PARK OF COMMERCE DRIVE SUITE 122 BOCA RATON, FL 33487	Mailing Address 751 PARK OF COMMERCE DRIVE SUITE 122 BOCA RATON, FL 33487
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40060100



2. Principal Place of Business - No P.O. Box # 6700-NW Broken Sound Suite, Apt. #, etc. 200	3. Mailing Address 6700-NW Broken Sound Suite, Apt. #, etc. 200
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02262007 Chg-P CR2E034 (12/06)

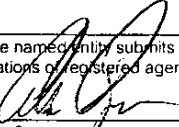
City & State Boca Raton, FL Zip 33487 Country US	City & State Boca Raton, FL Zip 33487 Country US
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4. FEI Number 13-4211747	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMOS, KURT 751 PARK OF COMMERCE DRIVE SUITE 122 BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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  DATE 2-26-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMOS, KURT G 751 PARK OF COMMERCE DRIVE SUITE 122 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  DATE 2-28-07 561-208-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment H0029190  
# P02000092630

**Notification**  
**APS Global Services**

APS Global Services has relocated to a new office.

The address to the new location is:

6700 NW Broken Sound Parkway  
Suite 200  
Boca Raton, Florida 33487

Please submit your Vendor Statements and Invoices to the new office location to ensure payment of your services.

Thank you,

Alan Agemy  
Controller  
APS Global Services  
Phone: 561-208-0100