2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107253

Entity Name: APPLE ISLAND, INC.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4011 WEST FLAGLER STREET SUITE #403 MIAMI, FL 33134 US

Current Mailing Address: New Mailing Address:

4011 WEST FLAGLER STREET SUITE# 403 MIAMI, FL 33134 US

FEI Number: 13-4220947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCONCIAGIOCO, AUGUSTO
1140 101ST, APT 502
BAY HARBOR, FL 33154 US
4011 W FLAGLER ST
#411
MIAMI, FL 33134 US

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: ACCONCIAGIOCO AUGUSTO 04/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 ACCONCIAGIOCO, NELSON
 Name:

 Address:
 1140 101ST, APT 502
 Address:

 City-St-Zip:
 BAY HARBOR, FL 33154
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 ACCONCIAGIOCO, MARITZA C
 Name:

 Address:
 1140 101 STREET, APT 502
 Address:

 City-St-Zip:
 BAY HARBOR ISLAND, FL 33154
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition
Name: ACCONCIAGIOCO, AUGUSTO
Address: 1140 101 STREET, APT 502 Address: 4011 WEST FLAGLER ST SUITE # 403

City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: MIAMI, FL 33134

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: AUGUSTOACCONCIAGIOCO SD 04/25/2009