

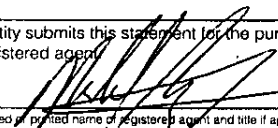
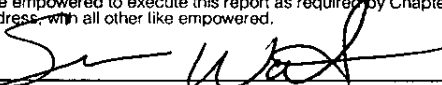


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90408 046 ***150.00

DOCUMENT # P03000018361 1. Entity Name A.P.E. RENTAL, INC.					
Principal Place of Business 816 MANATEE AVE EAST SUITE #5 BRADENTON, FL 34208			Mailing Address 816 MANATEE AVE EAST SUITE #5 BRADENTON, FL 34208		
2. Principal Place of Business 6691 33rd Street Suite, Apt. #, etc. UNIT B3		3. Mailing Address 6691 33rd Street Suite, Apt. #, etc. UNIT B3			
City & State SARASOTA, FL.		City & State SARASOTA, FL.		4. FEI Number 05-0549526	
Zip 34243		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENAISSANCE TAX & BUSINESS SERVICES, INC. 5348 DREW RD VENICE, FL 34293			7. Name and Address of New Registered Agent Name RENAISSANCE TAX & BUSINESS SERVICE Street Address (P.O. Box Number is Not Acceptable) 9444 MIAMI CIRCLE City PORT CHARLOTTE FL Zip Code 33981		
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:  RENAISSANCE TAX & BUSINESS SERVICE 4-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, SEAN D 816 MANATEE AVE EAST #5 BRADENTON, FL 34208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLITI, JOHN 816 MANATEE AVE EAST #5 BRADENTON, FL 34208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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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:  4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					