

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162913

FILED
Apr 27, 2007
Secretary of State

Entity Name: AP ACCURATE SAFETY CONSULTANTS, INC.

Current Principal Place of Business:

4436 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

8421 S ORANGE BLOSSOM TRAIL
SUITE 109
ORLANDO, FL 32809

Current Mailing Address:

4436 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

8421 S ORANGE BLOSSOM TRAIL
SUITE 109
ORLANDO, FL 32809

FEI Number: 20-1963035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINHEIRO, JOAQUIM N
4436 SPRING BLOSSOM DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

PINHEIRO, JOAQUIM N
8421 S ORANGE BLOSSOM TRAIL
SUITE 109
ORLANDO, FL 32809 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: JOAQUIM N PINHEIRO

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PINHEIRO, JOAQUIM N
Address: 4436 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: DV () Delete
Name: PINHEIRO, MARCELO D
Address: 4436 SPRING BLOSSOM DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PINHEIRO, JOAQUIM N
Address: 6436 PICCADILLY LN
City-St-Zip: ORLANDO, FL 32835

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

Title: DIR () Change (X) Addition
Name: PINHEIRO, MARIA D
Address: 6436 PICCADILLY LN
City-St-Zip: ORLANDO, FL 32835

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: JOAQUIM N PINHEIRO

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date