

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056762

Entity Name: APH DESIGNS, INC.

FILED  
Aug 29, 2006  
Secretary of State

## Current Principal Place of Business:

1521-1/2 EAST 7TH AVE.  
TAMPA, FL 33605

## New Principal Place of Business:

## Current Mailing Address:

1521-1/2 EAST 7TH AVE.  
TAMPA, FL 33605

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HEAPE, MICHAEL  
1521-1/2 EAST 7TH AVE.  
TAMPA, FL 33605 US

## Name and Address of New Registered Agent:

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:

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:

Title: D ( ) Delete  
Name: HEAPE, MICHAEL  
Address: 1521-1/2 EAST 7TH AVE.  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: RUSSEK, JACQUELINE  
Address: 6317 VISTA VERDE  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: ARAF, TERESA  
Address: REFORMA 2310, #402, LOMA DE CHAPULTAPAC  
City-St-Zip: MEXICO CITY, MX 11000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL HEAPE

D

08/29/2006

Electronic Signature of Signing Officer or Director

Date