


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90288 032 ***150.00

DOCUMENT # P05000082534	
1. Entity Name A&P EMBROIDERY, INC.	

Principal Place of Business 1880 DR. ANDRE'S WAY UNIT 47 DELRAY BEACH FL 33445 US	Mailing Address 1880 DR. ANDRE'S WAY UNIT 47 DELRAY BEACH FL 33445 US
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2. Principal Place of Business 1878 Dr. Andre's Way Suite D Delray Beach FL	3. Mailing Address 1878 Dr. Andre's Way Suite D Delray Beach FL
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Delray Beach FL	City & State Delray Beach FL
Zip 33445	Zip 33445
Country US	Country US

1st MOORE CR2E034 (10/05)

4. FEI Number 20-296 4439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIBERARDINO, ASHLEY N 9810 NICKELS BLVD #1004 BOYNTON BEACH FL 33436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

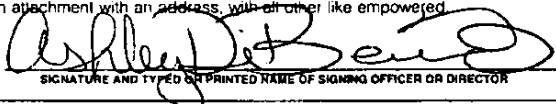
SIGNATURE  DATE **4/6/06**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 P	<input type="checkbox"/> Delete DIBERARDINO, ASHLEY N 9810 NICKELS BLVD #1004 BOYNOTN BEACH FL 33436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DIBERARDINO, ASHLEY N		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9810 NICKELS BLVD #1004		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP BOYNOTN BEACH FL 33436		CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete DIBERARDINO, PAUL J 9810 NICKELS BLVD #1004 BOYNTON BEACH FL 33436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DIBERARDINO, PAUL J		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9810 NICKELS BLVD #1004		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP BOYNTON BEACH FL 33436		CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP <input type="checkbox"/> Delete		CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP <input type="checkbox"/> Delete		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 Section 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 or other like empowered.

SIGNATURE:  DATE **4/6/06** DAYTIME PHONE # **561-265-2119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR