

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90063 029 \*\*\*150.00

40101822



07062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000097431</b>			
1. Entity Name <b>APEX FACILITIES &amp; ENVIRONMENTAL SERVICES, INC.</b>			
Principal Place of Business <b>1406 AVONDALE WAY TALLAHASSEE, FL 32317 US</b>		Mailing Address <b>1406 AVONDALE WAY TALLAHASSEE, FL 32317 US</b>	
2. Principal Place of Business <i>Same AS Above</i>		3. Mailing Address <i>Same AS Above</i>	
Suite, Apt. #, etc. <i>Same AS Above</i>		Suite, Apt. #, etc. <i>Same AS Above</i>	
City & State <i>Same AS Above</i>		City & State <i>Same AS Above</i>	
Zip	Country	Zip	Country

4. FEI Number <b>20556657</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent <i>ok</i> <b>United States Corporation Agents, Inc. 1111 Lincoln Rd. Suite 400 Miami Beach, FL 33139</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FLEMING, GARY W 1406 AVONDALE WAY TALLAHASSEE, FL 32317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *[Signature]* **8/23/06 (230)591-8726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #