2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P05000118787

Entity Name: 8 APPLE ASSOCIATION INC.

Current Principal Place of Business:

8931 NW 21ST ST.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8931 NW 21ST ST.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN-GILLES, MICHEL
8931 NW 21ST ST.
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: JEAN-GILLES, MICHEL
Address: 8931 NW 21ST ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP/D ( ) Delete
Name: ETIENNE, WILSON
Address: 420 NW 36 ST
City-St-Zip: OAKLAND PARK, FL 33309

Title: T/D ( ) Delete
Name: SENATUS, PRENETTE
Address: 5140 NW 85 AVE
City-St-Zip: LAUDERHILL, FL 33351

Title: S/D ( ) Delete
Name: JOSEPH, MONISE
Address: 10040 SW 16 ST
City-St-Zip: PEMBROKE PINES, FL 33025

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:

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: MONISE,JOSEPH S/D 04/20/2006

Electronic Signature of Signing Officer or Director — Date