


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000122271**

1. Entity Name  
**A PLUS BIZ, INC.**



Principal Place of Business      Mailing Address

**4300 N. UNIVERSITY DR.  
 STE. D103  
 SUNRISE, FL 33351    US**

**P.O. BOX 938711  
 MARGATE, 33093**



04192006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**56-2547926**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BLACKWOOD, SHARON E  
 4300 N. UNIVERSITY DR.  
 STE. D103  
 SUNRISE, FL 33351**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

100000549462  
 05/13/06-80021-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BLACKWOOD, SHARON E P.O. BOX 938711 MARGATE, FL 33093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D JAMES, GLEN JR P.O. 938711 MARGATE, FL 33093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JHEANETTE P.O. BOX 938711 MARGATE, FL 33093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

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: Sharon Blackwood      4/28/2006.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**SHARON BLACKWOOD PRESIDENT**