FILED
Jul 23, 2007 8:00 am
Secretary of State
07-23-2007 90036 030 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000107651

1. Entity Name
APARTMENT KING, INC.

40126371

Principal Place of Business
~~5006 LANGDALE WAY~~
~~TAMPA, FL 33647~~

Mailing Address
~~5006 LANGDALE WAY~~
~~TAMPA, FL 33647~~

07102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
5006 Langdale Way	3010 Grand Noble Circle
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33647	City & State: Houston, TX 77068
Zip: 33647 Country: USA	Zip: 77068 Country: USA

4. FEI Number: 20-5524296 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALE, FRED H
5650 PARK BLVD. STE 1
PINELLAS PARK, FL 33647

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DONALD, MICHAEL A		NAME	Donald, Michael A
STREET ADDRESS	~~5006 LANGDALE WAY~~		STREET ADDRESS	3010 Grand Noble Circle
CITY-ST-ZIP	~~TAMPA, FL 33647~~		CITY-ST-ZIP	~~Houston, TX 77068~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Michael Donald Michael Donald 7-17-07 813-830-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #