


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P20824 1. Entity Name APEX SECURITIES, INC.		
Principal Place of Business 333 CLAY STREET SUITE 3010 HOUSTON, TX 77002	Mailing Address 333 CLAY STREET SUITE 3010 HOUSTON, TX 77002	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RICE, DONALD J JR 123 WEST 87TH STREET NEW YORK, NY 10024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, MICHAEL C 22 RIVER TERRACE, APT. 18G NEW YORK, NY 10282	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVING, LINDA 1423 SHERFIELD RIDGE DR KATY, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Michael C. Murray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/11/06</u> Daytime Phone # <u>713-650-1122</u>



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0238412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	