


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 033 ***150.00

DOCUMENT # P35908

1. Entity Name
ASSET PROTECTION TEAM, INC.



Principal Place of Business: **10467 WHITE GRANITE DRIVE, SUITE 210 OAKTON VA 22124**

Mailing Address: **13515 BALLANTYNE CORP PLACE CHARLOTTE NC 28277**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

4. FEI Number **54-1304807**

Applied For Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

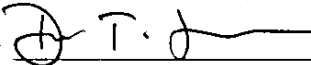
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	WEGNER, BRENT	
STREET ADDRESS	10467 WHITE GRANITE DRIVE, #210	
CITY-ST-ZIP	OAKTON VA	
TITLE	P	<input type="checkbox"/> Delete
NAME	LADAU, DREW T	
STREET ADDRESS	10467 WHITE GRANITE DR #210	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHUSTER, ROBERT D	
STREET ADDRESS	10467 WHITE GRANITE DR #210	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLEMM, ANDREW J	
STREET ADDRESS	10467 WHITE GRANITE DR #210	
CITY-ST-ZIP	OAKTON VA 22124	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GIZA, RONALD	
STREET ADDRESS	13515 BALLANTYNE CORP. PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  **Drew T. Ladau** President 231-737-5017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #