2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35908

Entity Name: ASSET PROTECTION TEAM, INC

FILED Apr 19, 2007 Secretary of State

		TOTESTICITE TEXT, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
10467 WHITE GRANITE DRIVE, SUITE 210 OAKTON, VA 22124				10467 WHITE GRANITE DR. OAKTON, VA 22124		
Current Mailing Address:				New Mailing Address:		
13515 BALLANTYNE CORP PLACE CHARLOTTE, NC 28277				10467 WHITE GRANITE DR. OAKTON, VA 22124		
FEI Number: 54-1304807 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	l Address of (Current Registered Agent:		Name and	Address of	New Registered Agent:
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND RD.				
	e named entity e of Florida.	submits this statement for the p	ourpose o	of changing i	ts registered	office or registered agent, or both,
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent			Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WEGNER, BRI) Delete ENT GRANITE DRIVE, #210		Title: Name: Address: City-St-Zip:	WEGNER, BI 10467 WHITE	E GRANITE DR.
Title: Name: Address: City-St-Zip:	LADAU, DREW	GRANITE DR #210		Title: Name: Address: City-St-Zip:	SHEPPARD,	E GRANITE DR.
Title: Name: Address: City-St-Zip:	SHUSTER, RO	GRANITE DR #210		Title: Name: Address: City-St-Zip:	RAY, DEBOR 10467 WHITE	E GRANITE DR.
Title: Name: Address: City-St-Zip:	KLEMM, ANDR	GRANITE DR #210		Title: Name: Address: City-St-Zip:	DENHARDT,	E GRANITE DR.
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SHUSTER, R	E GRANITE DR.
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	WILKINS, HE	E GRANITE DR.

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: SHEPPARD, LEMARGUE PD 04/19/2007