## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## May 02, 2006 8:00 am Secretary of State DOCUMENT # P93000077032 05-02-2006 90423 003 \*\*\*150.00 1. Entity Name A.P.B., INC. Principal Place of Business Mailing Address 2979 PGA RI VD 2979 PGA BLVD PALM BCH GRDNS, FL 33410 PALM BCH GRDNS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 CR2E034 (11/05) Cha-P Applied For City & State 4. FEI Number City & State 65-0449004 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 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 little if applicable (NOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CPD CPD Change : ☐ Addition ☐ Delete TITLE TITLE FAGO, ELIZABETH FAGO, ELIZABETH NAME NAME 2979 AGA BOOLEVARD STREET ADDRESS 3979 PGA BLVD. STREET ADDRESS PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 CITY-ST-7IP CITY-ST-ZIP Change Addition TUTLE ☐ Defete TITLE 5 FAGO, MARIAN FAGP, MARIAN NAME NAME 2979 PGA BOULEVARD STREET ADDRESS 2979 PGA BLVD STREET ADDRESS PALM BEACH GARDOUS . FE 33410 CITY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal 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.

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