2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P95000036214 1. Entity Name					FILED Jun 14, 2006 08:00 AM Secretary of State			
APPLAUS	SE APPLAUSE, INC.				5	Secretai	y of S	tate
Principal Place of Business 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701		Mailing Address 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701						
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc		1st MOORE	CR2E0	34 (10/05)		
City & State		City & State		<u>-</u>	4. FEI Number 59-33	312904		Applied For
Zip	Country	Zip Country		try	5. Certificate of Status D	osired	\$8.75 Ac Fee Requir	dditional
	6. Name and Address of Current	Registered Agent		N	7. Name and Address of	of New Registere	d Agent	
ALBANESE, NICHOLAS A 927 FOURTH STREET, NORTH ST. PETERSBURG FL 33701				Name Street Address (Address (P,O Box Number is Not Acceptable)			
		•		City		F	Zip Co	de
8. The above the obliga	e named entity submits this statement fi tions of registered agent	or the purpose of changing it	s registere	ed office or register	ed agent, or both, in the St	ate of Florida. Ta	ım familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Regislated	Agent signature required	when roinstating)	DATI	E	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	f State				n Campaign Fina und Contribution	_	.00 May Be ded to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PST ALBANESE, NICHOLAS A 927 4TH ST NO. ST. PETERSBURG FL 33701			ET ADDRESS ST-ZIP	U00 06/14/	000\$67188 06-80001-(□ Change 317 150.1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	2				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		ſ	-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete		f			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 2	ſ			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delcte		Ť			Change	☐ Addition
indicated of the cor	certify that the information supplied will on this report or supplemental report in reportation or the receiver or trustee emited, or on an attachment with an address.	s true and accurate and that cowered to execute this repo	my signati ort as requi	ure shall have the s	same legal effect as if mag	a under nath: that	Liam an office	r or director