## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000056843

City-St-Zip:

MIAMI, FL 33179

Entity Name: THE APELL GROUP, INC.

FILED Apr 30, 2009 Secretary of State

Entity Nai	Me: THE API	ELL GROUP, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1380 NE MIAMI GARDENS DR SUITE 245-246 MIAMI, FL 33179				1380 NE MIAMI GARDENS DR SUITE 246 MIAMI, FL 33179		
Current Mailing Address:				New Mailing Address:		
1380 NE MIAMI GARDENS DR SUITE 245-246 MIAMI, FL 33179				1380 NE MIAMI GARDENS DR SUITE 246 MIAMI, FL 33179		
FEI Number:	: 65-0619403	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
APELL, JOSEPH D 1380 NE MIAMI GARDENS DR SUITE 245-246 MIAMI, FL 33179 US				APELL, JOSEPH D 1380 NE MIAMI GARDENS DR SUITE 246 MIAMI, FL 33179 US		
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: JOSEPH D. APELL				04/30/2009		
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	APELL, DORC	II GARDENS DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	APELL, DORO	II GARDENS DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ROSE, BARNE	) Delete ETT II GARDENS DR		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DOROTHY APELL TD 04/30/2009