


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/7.

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90002 034 \*\*\*150.00

<b>DOCUMENT # P96000009033</b> 1. Entity Name <b>APPLIED DIGITAL PROGRAMMING TECHNOLOGIES INC.</b>		
Principal Place of Business <b>14355 S.W. 142ND STREET MIAMI, FL 33186</b>	Mailing Address <b>14355 S.W. 142ND STREET MIAMI, FL 33186</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>RUGILO, ROBERT 14355 S.W. 142ND STREET MIAMI, FL 33186</b>		DO NOT WRITE IN THIS SPACE
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: <u>Robert Rugilo</u> <span style="float: right;">7/5/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PS RUGILO, ROBERT 14355 SW 142 STREET MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT SHERMAN, MARTHA L 14355 S.W. 142ND STREET MIAMI, FL 33186</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/14/06</u> <small>Daytime Phone #</small>

66022073



07052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0648581</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	