

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000002604

FILED
Mar 12, 2007
Secretary of State

Entity Name: ADVANCED PARAMETRIC CONCEPTS, INC.

Current Principal Place of Business:

3772 WATERCREST DR.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P O BOX 916364
LONGWOOD, FL 327916364 US

New Mailing Address:

FEI Number: 59-3415385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEAR, PAUL
966 OAKPOINT CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

GEAR, PAUL
208 STEVENAGE DR.
LONGWOOD, FL 32779 US

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.

SIGNATURE:

03/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEAR, PAUL
Address: 966 OAKPOINT CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: TSD () Delete
Name: VISSER, BRAD
Address: 3772 WATERCREST DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GEAR, PAUL
Address: 208 STEVENAGE DR.
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD VISSER

TSD

03/12/2007

Electronic Signature of Signing Officer or Director

Date