

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026722

Entity Name: AP INNOVATIONS, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

240 WINDWARD PASSAGE
UNIT 404
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3395
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-3442203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOACH, R. MICHAEL ESQUIRE
1206 MILLENNIUM PKWY
SUITE 2001
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLAIN, THOMAS E
Address: 240 WINDWARD PASSAGE, UNIT 404
City-St-Zip: CLEARWATER, FL 33767

Title: PST () Delete
Name: MCCLAIN, THOMAS E
Address: 240 WINDWARD PASSAGE, UNIT 404
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS E. MCCLAIN

PST

01/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date