2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 06, 2006 8:00 am

DOCUMENT # P97000072337 1. Entity Name APOG'S REALTY INVESTMENTS, INC.	Secretary of State 04-06-2006 90015 041 ***150.00
Principal Place of Business Mailing Address 513 NE 21 ST AVE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL	33441
Suite, Apt. #, etc. Suite, Apt. #, etc.	1st MOORE CR2E034 (10/05)
2ip Country Zip 33410	Country 5. Certificate of Status Dosired 4. FEI Number 65-0777423 Applied For Not Applicable \$8.75 Additional Fee Required
the obligations of registered agent. SIGNATURE ANN	7. Name and Address of New Registered Agent Name APOG ANN Street Address (P.O. Box Number is Not Acceptable) 14079 No. Miller Drive City Beach Gardens FL Zip Code registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept K. Apod President Registered agent syprature (equility when icassiating) OhTE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
TITLE P Delete NAME APOG, ANN K STREET ADBRESS CITY-S1-ZIP BOCA RATON:FL 33486	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Change Addition NAME APOG, ANNK STREET ADDRESS 14079 No. Miller Drive CITY-ST-ZIP Palm Beach Gardens, Florida 33441
TITLE Delete NAME STREET ADDRESS CITY-S1-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
THILE NATA: STREET ADDRESS CHY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-S1-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP Or the exemptions contained in Section 119 Florida Statutes further certify that the information

Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Section 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: _