2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P97000072947 1. Entity Name APEX DEVELOPMENT CORP. Principal Place of Business Mailing Address 6300 NE 1ST AVE , 3RD FLR 6300 NE 1ST AVE , 3RD FLR FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334 03212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0791643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SADER, ROBERT LESQ DO NOT WRITE 1901 W CYPRESS CREEK ROAD, #415 FORT LAUDERDALE, FL 33309 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROSCHMAN, JEFFREY NAME STREET ADDRESS 6300 NE 1ST AVE, 3RD FLOOR FORT LAUDERDALE, FL 33334 11000000558566 CITY-ST-ZIP 05/17/06-80096-023 150.00 TITLE NAME ROSCHMAN, ROBERT STREET ADDRESS 6300 NE 1ST AVE ., 3RD FLOOR CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE WEEKS, WESLEY NAME STREET ADDRESS 6300 NE 1ST AVE ,, 3RD FLOOR DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE IN THIS SPACE 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 filling 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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ddress, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

changed, or on an attach

SIGNATURE: