


-2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000080395
 1. Entity Name
 ADVANCED AUTOMOTIVE PROFESSIONALS, INC.



Principal Place of Business 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919	Mailing Address 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0871889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUFENER, GARY D
 12640 MCGREGOR BLVD.
 FORT MYERS, FL 33919

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1101001537841
 05/09/06-80035-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUFENER, GARY D 12640 MCGREGOR BOULEVARD FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, WILLIAM 12640 MCGREGOR BLVD FORT MYERS, FL 33419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFENER, JONATHON 12640 MCGREGOR BLVD FORT MYERS, FL 33419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gary Rufener Date: 4/29/06 Daytime Phone #: 239 481-6313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY RUFENER