2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 18, 2005 8:00 am Secretary of State

| DOCUMENT # V32043 1. Entity Name APEX MANAGER'S, INC. | | | | | 04-18-2005 90309 012 ***150.00 | | | | | |
|--|--|--|-------------|--|---|---------------------|-----------------------|-------------------------------------|----------------|--|
| Principal Place of Business Mailing Address | | | | | 1 | | • | | | |
| | ORATE ACCOUNTING DGE BOULEVARD 32922 | ATTN: CORPORATE ACCOUNTING 317 RIVEREDGE BOULEVARD COCOA, FL 32922 | | | ITTAN FINTIK NAMA NIMBU ILIA | BUEN BIBN AND | i Binai natikali | 111 0 \$ 1 16 1 0 6 1 | | |
| Principal Place of Business 3. Mailing Address | | | | | - | | | | | |
| 375 Commerce Parkway | | 375 Commerce Parkwa | | kwav | * 1381) 411888 | | MINTE NAMES OF STREET | i Biati Biais Als | FILESI II IESI | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01102005 | Chg-P | CR2E0 | 34 (10/03) | | | |
| City & Stat | | City & State | | | 4. FEI Number | | | | pplied For | |
| | edge, FL | Rockledge FI. Zip Country | | | 59-3128957 Not Applicable | | | | | |
| Zip 32955 | | | US | - | 5. Certificate of Status Desired | | | | | |
| 32933 | 6. Name and Address of Current F | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name | | | | | | |
| LONG, DONALD J 317 RIVEREDGE BOULEVARD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| COCOA, FL 32922 | | | | | | | | | | |
| | | | | City FL Zip Code | | | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registere | | | | | | in the State of Flo | | amiliar 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS 1 | | | 11. | | ADDITIONS/C | HANGES TO OFFI | CERS AND | DIRECTOR | S IN 11 | |
| TITLE | PDST | ☐ Delete | TITL | | | | 52,757,115 | ☐ Change | Addition | |
| NAME | LONG, DONALD J | | NAM | Æ E | | | | _ , | _ | |
| STREET ADDRESS | 317 RIVEREDGE BOULEVARD | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | COCOA, FL 32922 | | 4 | Y-ST-ZIP | | | | | | |
| TITLE | D FOLEY, PATRICK J | ☐ Delete | TITL | I | | | | Change | Addition | |
| NAME STREET ADDRESS | 317 RIVEREDGE BOULEVARD | | NAV | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | COCOA, FL 32922 | | | r-ST-ZIP | | | | | | |
| TITLE | D | ☐ Delete | 1111 | Ē. | | | | Change | Addition | |
| NAME | FOLEY, JOHN | | NAM | I | | | | - | _ | |
| STREET ADDRESS CITY-ST-ZIP | 317 RIVEREDGE BOULEVARD | • | | EET ADDRESS (-ST-ZIP | | | | | • | |
| | COCOA, FL 32922 | | - | | • | | | | | |
| TITLE NAME | | LJ Delete | TITL | I | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | , | | CITY | r-SI-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITL | E | | | | ☐ Change | Addition | |
| NAME | | | NAM | 1 | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | EET ADDRESS | | | | | | |
| | | | | (-ST-ZIP | | | | | | |
| NAME | | Delete | TITL NAM | I | | | | Change | Addition | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | /-ST-ZIP | Maria de la securio | | | * | | |
| 12. I hereby | certify that the information supplied with | this filing does not qualify for | the exe | emption stated in S | ection 119.07(3)(i) | Florida Statutes. I | further cert | ify that the | information | |
| 12. Thereby certary that the information supplies with this initing does not quality for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the information indicated on this report or supplies 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. | | | | | | | | | | |