## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90251 006 \*\*\*150.00

Maining Address ATTHE CORPORATE ACCOUNTING 375 COMMERCE PARKWAY COOK, Pt. 32922  2. Principal Place of Equanese  Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  Cry 6 State  Country  ZP  Country  ZP  Country  ZP  Country  ZP  Country  ZP  Country  Applied For For State Deptited  S. Cereficiate of States Deptited  S. Cereficiate of Deptited  S. Cereficiate of States De	DOCUMENT # V32043  1. Entity Name APEX MANAGER'S, INC.						01-17-2000	0231 000	130	.00	
375 COMMERCE PARKWAY COCOA, FL 32922  2. Principal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, et	Principal Place	e of Business	Mailing Address								
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, otc.   Suite. Apt. #, otc.   Suite. Apt. #, otc.   Suite. Apt. #, otc.   Applied For Suite.   Ap	375 COMMERCE PARKWAY		375 COMMERCE PARKWAY				13  Y	: <b>618</b> 11 <b>816</b> 11 <b>8</b> 2811 1	CIEUL CUENT ELEC	<b>900</b> 0 (11 (1 <b>10</b> )	
City & State  Country  Zip  Country  S. Certificate of Status Desired  S. S. To Address of Current Registered Agent  T. Name and Address of Current Registered Agent  COCOA, FL 32922  City & S. Certificate of Status Desired  S. S. To Address of Rew Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  COCOA, FL 32922  Street Address (P.O. Box Number is Nox Acceptable)  3.75 Commerce Parkway  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  Signature  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Nox Acceptable)  City Rockledge  FL Zip Codes  Street Address (P.O. Box Number is Number	2. Principal P	lace of Business	3. Mailing Address								
Spaniture   Span	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006	Chg-P	CR2E034	l (11/05)		
S. Name and Address of Current Registered Agent  1. Name and Address of New Registered Agent  1. Name Donal A J. Long  Donal A J. Long  375 Commerce Parkway  City Rockledge  FL Zip Code  375 Commerce Parkway  City Rockledge  FL Zip Code  32955  8. The above of need entity submits this catemorn for the purpose of changing as registered office or registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida. I am familier with, and accept the obligatory of registered agent, or both, in the State of Porida.  FELE NOW/III FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  FERE TOWNS 11 True FEE DOS BOULEVARD 11 True FEE DOS BOULEVARD 12 True FEE DOS BOULEVARD 13 True FEE DOS BOULEVARD 14 True FEE DOS BOULEVARD 14 True FEE DOS BOULEVARD 15 T	City & State		City & State			_ · · · - · · · ·			— <del>-</del> −	<del>`</del>	
Name   Donald J. Long   Strock Address (P.O. Box Number is Not Acceptable)   375 Commerce Parkway   Toy Rockledge   FL   Zip Code 32955	Zip	Country Zip		Country		5. Certificate	of Status Desired				
LONG, DONALD J  The above openic leftly submits the statement for we purpose of changing as registered office or registered agent, or both, in the State of Portids. I am familiar with, and accept the change of th		6. Name and Address of Current	Registered Agent		Namo	7. Name and	Address of New R	egistered Ag	ent		
E. The above runned with submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation or registered running as registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered running as registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered running agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of the obligation of the Spatial or state agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of the obligation of the Spatial or state agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the spatial required agent, or both, in the State of Rorida. I am familiar with, and accept the spatial required agent, or both, in the State of Rorida. I am familiar with, and accept the spatial required agent, or both, in the State of Rorida. I am familiar with, and accept the spatial required agent, or both, in the State of Rorida. I am familiar with, and accept the spatial or spatial or both, and accept the spatial or of the accept agent			Donald J. Long								
R. The above nymed every submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligatoring of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligatoring of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligatoring of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligatoring of registered agent, or both, in the State of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida. I am familiar with, and accept the state of Porida Statutes, and that my name appears in Block 10 or Block 11 if the poridance and the scale of Porida Statutes, and that my name appears in Block 10 or Block 11 if the poridance and contact of the proportion of the production and accept the state of Porida Statutes, and that my name appears in Block 10 or Block 11 if the proportion of the production of managed from the accept of price of direct of intercoportion of the production of the production of the accept of managed from a accept of microb.	COCOA, F	L 32922			37	5 Commerc	e Parkway		<del></del>	····	
B. The above named with submits this submits this submits the purpose of changing as registored diffee or registored agent, or both, in the State of Rovida. I am familiar with, and accept the obligators of registored agent and so in submits. The purpose of changing as registored office or registored agent, or both, in the State of Rovida. I am familiar with, and accept the obligators of registored agent a		$\sim$		Ì	City	ckledge		FL	Zip Code	32955	
Systatus speed or ornise have of regifiered apart and title if growth   Color   Colo	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										
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   NAME   LONG, DONALD   STREET ADDRESS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TO   Delete   TITLE   DO   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Delete   TITLE   DRIVEREDGE BOULEVARD   STREET ADDRESS    CITY-ST- 27 P   COCOA, FL 32922   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   Delete   TITLE   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   Delete   TITLE   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   DRIVEREDGE BOULEVARD    CITY-ST- 28   DRIVEREDGE BOULEVARD    COCOA, FL 32922    TITLE   DRIVEREDGE BOULEVARD    COCOA, FL 32											
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   NAME   LONG, DONALD   STREET ADDRESS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TO   Delete   TITLE   DO   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Change   Addition    NAME   STREET ADDRESS   17. ST. 27 P    TITLE   D   Delete   TITLE   DRIVEREDGE BOULEVARD   STREET ADDRESS    CITY-ST- 27 P   COCOA, FL 32922   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   Delete   TITLE   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   Delete   TITLE   DRIVEREDGE BOULEVARD    CITY-ST- 27 P   DRIVEREDGE BOULEVARD    CITY-ST- 28   DRIVEREDGE BOULEVARD    COCOA, FL 32922    TITLE   DRIVEREDGE BOULEVARD    COCOA, FL 32	9. Floriton Compaign Financing CF 00										
TITLE NAME LONG, DONALD J NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE D COCOA, FL 32922  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE COCCOA, FL 32922  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	FILE NOWIN FEE IS \$130.00										
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE D_CATAGGE TITLE D_CHANGE TITLE D_CHANGE TITLE D_CHANGE SIREET ADDRESS CITY-ST-ZIP TITLE D_CHANGE TITLE D_CHANGE SIREET ADDRESS CITY-ST-ZIP TITLE D_CHANGE SIREET ADDRESS CITY-ST-ZIP TITLE D_Delete TITLE D_CHANGE SIREET ADDRESS CITY-ST-ZIP TITLE D_Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D_Delete		<del></del>		_		ADDITIONS	CHANGES TO OFF				
STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP FOLEY, JOHN NAME STREET ADDRESS CITY-ST-ZIP TITLE COCOA, FL 32922 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM			☐ Delete					[	Change	Addition	
TITLE D Delete Delete FOLEY, PATRICK J SITER ADDRESS CITY-ST-ZIP COCOA, FL 32922 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE D DELETE DEL DELETE DEL DELETE DELETE DELETE DEL DELETE DELETE DELETE DEL DELETE DEL DELETE DELETE DEL DELETE DELETE DELETE DELETE DEL DELETE DELETE DELETE DEL DELETE DELETE DEL DELETE DELETE DELETE DEL DELETE DEL DELET	· · · · · · · · · · · · · · · · · · ·	S 317 RIVEREDGE BOULEVARD STR			· 1					1	
NAME SIREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  Delate NAME FOLEY, JOHN SIREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  Delate NAME FOLEY, JOHN SIREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP  Delate NAME SIR	CITY-ST-ZIP			CITY-	-ST-ZIP						
STREET ADDRESS CITY-ST-2IP COCOA, FL 32922  TITLE D Delete FOLEY, JOHN STREET ADDRESS CITY-ST-2IP COCOA, FL 32922  TITLE DOCOCOA, FL 32922  TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete		· •			ſ	☐ Change	Addition	
TITLE NAME FOLEY, JOHN STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-											
NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-Z	CITY-ST-ZIP		<u></u>	CITY-	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES		_	☐ Delete		l			l	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO change Addition Addit											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TOTAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  CHANGE Addition A	CITY-ST-ZIP	COCOA, FL 32922		CITY-	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP  TO Change ADDRESS CITY-ST-ZIP  TO CHANGE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-Z			☐ Delete					(	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this fiting 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 attactment with an address, with all othersike empowered.  SIGNATURE:					1						
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 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 rycener 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:	CITY-ST-ZIP			CITY	-ST-ZIP	<u></u> _					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. Thereby certify that the information supplied with this filting 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 rycener 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 attactment with an address, with all other like empowered.  SIGNATURE:			☐ Delete					ſ	☐ Change	☐ Addition	
ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filting 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 rycener 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:	1 1				, i						
NAME STREET ADDRESS CITY-ST-ZIP  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 ryconer 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:	CITY-ST-ZIP			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  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 ryconer 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:			☐ Delete		1			ĺ	Change	☐ Addition	
12. Thereby certify that the information supplied with this filting 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 ike empowered.  SIGNATURE:					i i						
of the corporation of the recenter 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:				•	i i						
of the corporation of the recenter 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 others like empowered.  SIGNATURE:	12. I hereby o	certify that the information supplied with	n this filling does not qualify for	r the exe	emptions contains	ed in Chapter 11:	9, Florida Statutes. I	further certify	that the ir	nformation	
SIGNATURE: Long Jong	of the cor	poration or the receiver or trustee emp or on an attachment with an address	s integrate and inatification overed to execute this report with all otherslike empowered.	as requi	red by Chapter 6	o same legal elle 07, Florida Statuti	es; and that my nam	e appears in	Block 10 or	Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		1 10,000	1								
	SIGNAT										