

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000026722

**Entity Name:** AP INNOVATIONS, INC.

**Current Principal Place of Business:**

240 WINDWARD PASSAGE  
UNIT 404  
CLEARWATER, FL 33767

**Current Mailing Address:**

PO BOX 3395  
CLEARWATER, FL 33767 US

**FEI Number:** 59-3442203

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELOACH, R. MICHAEL ESQUIRE  
4313 DUNCOMBE DRIVE  
VALRICO, FL 33594 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | D                              | Title           | PST                            |
| Name            | MCCLAIN, THOMAS E              | Name            | MCCLAIN, THOMAS E              |
| Address         | 240 WINDWARD PASSAGE, UNIT 404 | Address         | 240 WINDWARD PASSAGE, UNIT 404 |
| City-State-Zip: | CLEARWATER FL 33767            | City-State-Zip: | CLEARWATER FL 33767            |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS E. MCCLAIN

DPST

01/23/2015

Electronic Signature of Signing Officer/Director Detail

Date