

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005740

Entity Name: ALPS RESEARCH, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

324 ORDUNA DRIVE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

324 ORDUNA DRIVE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 38-3769851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HIGGINS, L. SCOTT MR.
324 ORDUNA DRIVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: HIGGINS, L. SCOTT MR.
Address: 324 ORDUNA DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: HIGGINS, HEIDI M MRS.
Address: 324 ORDUNA DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: TAYLOR, JULIE MRS.
Address: 309 OAK STREET
City-St-Zip: CHASKA, MN 55318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. SCOTT HIGGINS

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date