


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 025 ***150.00

DOCUMENT # P03000021493

1. Entity Name
ALSOP, INC.



Principal Place of Business Mailing Address

154 LAWN AVE 154 LAWN AVE
 ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084



2. Principal Place of Business 3. Mailing Address

2303 N. Ponce De Leon Blvd P.O. Box 1384
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste. K

1st MOORE CR2E034 (10/05)

City & State City & State

St. Augustine, FL St. Augustine, FL

Zip Country Zip Country

32085 USA 32085 USA

4. FEI Number Applied For

01-0772132 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILLEBREW, JESSE P
 154 LAWN AVE
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KILLEBREW, JESSE P	
STREET ADDRESS	154 LAWN AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	V	<input type="checkbox"/> Delete
NAME	KILLEBREW, JESSICA E	
STREET ADDRESS	154 LAWN AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ DATE: 4-17-06 DAYTIME PHONE #: 904 669 2848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR