


2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90034 016 ***150.00

DOCUMENT # P04000001627
 1. Entity Name
 ALVA VENTURES, INC.



Principal Place of Business Mailing Address
 1981 CARBONATA DR. 1981 CARBONATA DR.
 ALVA FL 33920 ALVA FL 33920
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State *Same* City & State *Same*
 Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
 STAKELY, JERMEY
 22872 FOREST RIDGE DR
 ESTERO FL 33928

4. FEI Number 84-1635119 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
no change
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PST <input type="checkbox"/> Delete
NAME	HAWKER, CHERYL
STREET ADDRESS	1981 CARBONATA DR.
CITY-ST-ZIP	ALVA FL 33920
TITLE	T <input type="checkbox"/> Delete
NAME	EASLEY, ROBERT <i>2150 waylife Ct</i>
STREET ADDRESS	1981 CARBONATA DR.
CITY-ST-ZIP	ALVA FL 33920
TITLE	VP <input type="checkbox"/> Delete
NAME	KAPLAN, LAWRENCE D
STREET ADDRESS	6800 SW 59TH ST.
CITY-ST-ZIP	S. MIAMI FL 33143
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	
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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 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 person 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: *Hawker* *prev* Feb 11 2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:the Month:year