


**2008 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

08 OCT -9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000061892
1. Entity Name
ALTERNATIVE ENERGY SERVICES, INC.



Principal Place of Business: 1050 MILLER DR. ALTAMONTE SPRINGS, FL 32701
Mailing Address: 1050 MILLER DR. ALTAMONTE SPRINGS, FL 32701



2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
City & State

10082008 Chg-P CR2E034 (12/06)

4. FEI Number: 26-2934694
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
EIGENMANN, CONRAD D JR
803 INDIAN RIVER AVE
TITUSVILLE, FL 32780

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 report of current name of registered agent and office is applicable. (NOTE: Registered Agent report is required when re-registering)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P EIGENMANN, CONRAD D JR 1050 MILLER DR. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S EIGENMANN, CLAYTON 1050 MILLER DR. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Board Member Eigenmann, Conrad D. Jr. 1050 Miller Drive Altamonte Springs, Florida 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Eigenmann, Clayton 1050 Miller Drive Altamonte Springs, Florida 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President / Secretary Michael J. Scharf 1050 Miller Drive Altamonte Springs, Florida 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President / COO Jason LeVangie 1050 Miller Drive Altamonte Springs, Florida 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Controller / CFO Lawrence LaBelle 1050 Miller Drive Altamonte Springs, Florida 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600136891736 10/14/08--01005--004 ***70.00

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 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 duly empowered.

SIGNATURE: Clayton Eigenmann 10-08-08 407-379-1710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

210/9