

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078764

FILED
Feb 21, 2006
Secretary of State

Entity Name: ALPHA LASER COMPUTER SUPPLIES, INC.

Current Principal Place of Business:

562 E. WOOLBRIGHT RD.
STE 103
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

562 E. WOOLBRIGHT RD.
STE 103
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0527194 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRATIANNI, GUY
319 SE ATLANTIC DR
LANTANA, FL 33462 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRATIANNI, GUY
Address: 319 SE. ATLANTIC DR.
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: GRAHAM, LAURIE
Address: 319 SE ATLANTIC DR
City-St-Zip: LANTANT, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY FRATIANNI

D

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date