


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90044 012 ***150.00

DOCUMENT # P97000037857

1. Entity Name
ALANDSBEEK, INC.




Principal Place of Business
**301 NORTH FERNCREEK AVENUE
 ORLANDO, FL 32803**

Mailing Address
**301 NORTH FERNCREEK AVENUE
 ORLANDO, FL 32803**

94026480

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3454852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALPHAM, GEORGE L
 301 NORTH FERNCREEK AVE
 ORLANDO, FL 32803**

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B. 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, 2004 Fee will be \$550.00

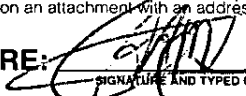
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKKER-GIEZENAAR, ARDINA A GRIENDEN 24, 3831 HR LEUSDEN THE NETHERLANDS, OC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEKKER, MENNO A GRIENDEN 24, 3831 HR LEUSDEN THE NETHERLANDS, OC
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE:  **ARDINA A. GIEZENAAR** **MARCH 1ST 2004** 31-33-4950425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #