

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 007 \*\*\*150.00

<b>DOCUMENT # 659615</b> 1. Entity Name <b>ALEAND GROUP, INC.</b>					
Principal Place of Business <b>19495 BISCAYNE BLVD, STE 410</b> <b>MIAMI, FL 33180 US</b>			Mailing Address <b>19495 BISCAYNE BLVD, STE 410</b> <b>MIAMI, FL 33180 US</b>		
2. Principal Place of Business <b>19410 40TH COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>SUNNY ISLES BEACH, FL</b>		City & State <b>SUNNY ISLES BEACH, FL</b>		4. FEI Number <b>59-2016714</b>	
Zip <b>33160</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SARIOL, ELSA</b> <b>19495 BISCAYNE BLVD, STE 410</b> <b>MIAMI, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>KENNETH DECKLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>19410 40TH CT</b> City <b>SUNNY ISLES BEACH</b> <b>FL</b> Zip Code <b>33160</b>	
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 <u><i>Kenneth Deckler</i></u> <u><i>Kenneth Deckler</i></u> <u><i>3/23/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SARIOL, ELSA 19495 BISCAYNE BLVD, STE 410 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19410 40TH CT SUNNY ISLES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, OLGA 19495 BISCAYNE BLVD, STE 410 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	19410 40TH CT SUNNY ISLES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>Olga Russell</i></u> <small>Signature, typed or printed name of signing officer or director</small>			TREAS. <u><i>MARCH 20</i></u> <small>Date</small>		