

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025723

Entity Name: ALTERAXION CORP.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

155 OCEAN LANE DRIVE., APT 205  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

155 OCEAN LANE DRIVE  
APT 205  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

155 OCEAN LANE DRIVE., APT 205  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

155 OCEAN LANE DRIVE  
APT 205  
KEY BISCAYNE, FL 33149

FEI Number: 27-2223224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIAMI CORPORATE SYSTEMS, LLC  
283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: CARTON, ANDREW P  
Address: 155 OCEAN LANE DRIVE., APT 205  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: ANDREW CARTON

MR

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date