

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199727

Entity Name: ALBERTA-BEALE INC

FILED  
May 15, 2005  
Secretary of State

**Current Principal Place of Business:**

90 S E 5TH AVE  
APT. #1  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

90 SE 5 AVE  
APT. #1  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-6072981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWN, PATRICK D  
90 SE 5 AVE #1  
DELRAY BEACH, FL 33483      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: P      ( ) Delete  
Name: BROWN, PATRICK D  
Address: 90 SE 5 AVE, APT. #1  
City-St-Zip: DELRAY BEACH, FL 33483

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: BURKE, WALTER  
Address: 54 MERLINE AVENUE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: T/S      ( ) Change (X) Addition  
Name: PALAZZI, ROBERT J  
Address: 2007 SOUTH INDIAN RIVER DR.  
City-St-Zip: FT. PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK D. BROWN

PRES

05/15/2005

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

\_\_\_\_\_ Date