

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 199727

Entity Name: ALBERTA-BEALE INC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

90 S E 5TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

6670 RIPARIAN ROAD
LAKE WORTH, FL 33462

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
6670 RIPARIAN ROAD
LAKE WORTH, 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: P () Delete
Name: BROWN, PATRICK D
Address: 6670 RIPARIAN ROAD
City-St-Zip: LAKE WORTH, FL 33462

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/S (X) Change () Addition
Name: PALAZZI, ROBERT J
Address: 5679 SOUTH A-1-A HIGHWAY
City-St-Zip: MELBOURNE BEACH, FL 32951

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

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date