


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 008 ***150.00

DOCUMENT # 657255	
1. Entity Name ALERT APPLIANCES, INC.	

Principal Place of Business 17113 RUSSELL AVENUE PORT CHARLOTTE FL 33954	Mailing Address 17113 RUSSELL AVENUE PORT CHARLOTTE FL 33954
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State	4. FEI Number 59-1983460	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WASIELEWSKI, STANLEY 21185 KNOLLWOOD AVE PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: FL Zip Code

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: *Gary Wasielewski* **GARY WASIELEWSKI** DATE: **4-8-6**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: S <input type="checkbox"/> Delete	NAME: MATHIEU, JENNIFER
STREET ADDRESS: 17113 RUSSELL AVE	CITY-ST-ZIP: PORT CHARLOTTE FL 33954
TITLE: T <input type="checkbox"/> Delete	NAME: WASIELEWSKI, MADELINE
STREET ADDRESS: 21185 KNOLLWOOD AVE	CITY-ST-ZIP: PORT CHARLOTTE, FL 00000
TITLE: V <input type="checkbox"/> Delete	NAME: WASIELEWSKI, GARY
STREET ADDRESS: 17113 RUSSELL AVE	CITY-ST-ZIP: PORT CHARLOTTE, FL 00000
TITLE: S <input checked="" type="checkbox"/> Delete	NAME: WASIELEWSKI, STANLEY
STREET ADDRESS: 11794 96TH PLACE NORTH	CITY-ST-ZIP: SEMINOLE FL
TITLE: <input type="checkbox"/> Delete	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: S. WASIELEWSKI, KIRK
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: 17113 RUSSELL AVE PORT CHARLOTTE FL 33954
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="text"/>
STREET ADDRESS: <input type="text"/>	CITY-ST-ZIP: <input type="text"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gary Wasielewski* **GARY WASIELEWSKI** DATE: **4-8-6**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #