


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 031 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-1983460		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
WASIELEWSKI, STANLEY 21185 KNOLLWOOD AVE PORT CHARLOTTE FL 33952		Name GARY WASIELEWSKI		
		Street Address (P.O. Box Number is Not Acceptable) - 17113 RUSSELL AVE		
		City PORT CHARLOTTE	FL	Zip Code 33954

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 Stanley Wasielewski *Stanley Wasielewski* 4-9-7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHIEU, JENNIFER			NAME			
STREET ADDRESS	17113 RUSSELL AVE			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33954			CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASIELEWSKI, MADELINE			NAME			
STREET ADDRESS	21185 KNOLLWOOD AVE			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE, FL 00000			CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASIELEWSKI, GARY			NAME	GARY WASIELEWSKI		
STREET ADDRESS	17113 RUSSELL AVE			STREET ADDRESS	17113 RUSSELL AVE		
CITY - ST - ZIP	PORT CHARLOTTE, FL 00000			CITY - ST - ZIP	PORT CHARLOTTE FL, 33954		
TITLE	S	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASIELEWSKI, KIRK			NAME	KIRK WASIELEWSKI		
STREET ADDRESS	17113 RUSSELL AVE			STREET ADDRESS	17113 RUSSELL AVE		
CITY - ST - ZIP	PORT CHARLOTTE FL 33954			CITY - ST - ZIP	PORT CHARLOTTE FL, 33954		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: Stanley Wasielewski *Stanley Wasielewski* 4-9-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #