

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 006 ***150.00

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



Principal Place of Business Mailing Address
 17113 RUSSELL AVENUE 17113 RUSSELL AVENUE
 PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FE# Number Applied For
59-1983460 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WASIELEWSKI, GARY
17113 RUSSELL AVE
PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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** **4-15-8**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not stamping) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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 33954	
TITLE	V	<input type="checkbox"/> Delete
NAME	WASIELEWSKI, KIRK	
STREET ADDRESS	17113 RUSSELL AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY WASIELEWSKI	
STREET ADDRESS	17113 RUSSELL AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Gary Wasielewski* **GARY WASIELEWSKI** **4-15-8** **941 625-1779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #