

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657255

FILED
Apr 16, 2009
Secretary of State

Entity Name: ALERT APPLIANCES, INC.

Current Principal Place of Business:

17113 RUSSELL AVENUE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

17113 RUSSELL AVENUE
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 59-1983460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASIELEWSKI, GARY
17113 RUSSELL AVE
PORT CHARLOTTE, FL 33954 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: S () Delete
Name: MATHIEU, JENNIFER
Address: 17113 RUSSELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T () Delete
Name: WASIELEWSKI, MADELINE
Address: 21185 KNOLLWOOD AVE
City-St-Zip: PORT CHARLOTTE, FL 00000,

Title: P () Delete
Name: WASIELEWSKI, GARY
Address: 17113 RUSSON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V () Delete
Name: WASIELEWSKI, KIRK
Address: 17113 RUSSELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GARY WASIELEWSKI

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date