2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# 765550

Entity Name: SCHUHPLATTLER GRUPPE ALPENROSE, INC.

Current Principal Place of Business:

% THE GERMAN-AMERICAN SOCIETY
381 ORANGE LANE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

% THE GERMAN-AMERICAN SOCIETY
381 ORANGE LANE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOMMER, GUENTER
6407 LYNN ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

MEADE, RAY
734 OAK LEAF COURT
APOPKA, FL 32712 US

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: RAY MEADE 02/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: BRAUN, ANA
Address: 3032 LOS AMIGOS DR
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: WRIGHT, CHRISTA
Address: 607 ELOISE AVE
City-St-Zip: TITUSVILLE, FL

Title: SD ( ) Delete
Name: SPROLE, RAE
Address: 947 ORANGE AVE.
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: BERNSTEN, BEATE
Address: 723 BROOK FOREST CT.
City-St-Zip: APOPKA, FL 32712

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA E. BRAUN SD 02/12/2008
Electronic Signature of Signing Officer or Director Date