

**AMENDED
FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

06 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50017319

DOCUMENT # F05000006663	
1. Entity Name THE ALPEN HOUSE HOLDINGS LIMITED, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14875 Bayview Ave	3. Mailing Address 14875 Bayview Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (8/05)

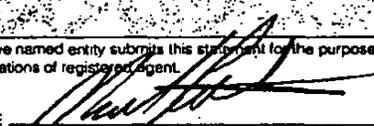
City & State AURORA, ONTARIO	City & State AURORA, ONTARIO	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip L4G 3G8	Country CANADA	Zip L4G 3G8	Country CANADA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	MARK ROBERTS	
Street Address (P.O. Box Number is Not Acceptable)	14216 NORTH US HWY 27	
City	Ocala	FL Zip Code 34982

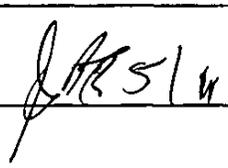
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4.26.06**

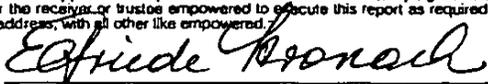
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 31 Fee is \$150.00
After May 1 - Fee is \$500.00
Amended AR is \$25.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELFRIDE STRONACH 14875 Bayview Ave, RR#2 AURORA, ON, CANADA L4G 3G8	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **APR. 25 2006** Daytona Phone # **905-841-0336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR