2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # F06000004116 04-16-2007 90323 034 ***150 00 1. Entity Name ALEXY, INC. 40063617 Principal Place of Business Mailing Address 15440 N 71 ST APT 327 4648 E SHEA BLVD SUITE 1-290 SCOTTSDALE, ZA 85254 PHOENIX, AZ 85028 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4001 Santa Barbara BNS 4001 Santa Barbara Blvd 03312007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 33-1081499 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWLOWSKY, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 4001 SANTA BARBARA BLVD SUITE 172 NAPLES, FL 34104 City Zip Code FL 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. Signature, typed or printed name of registered agent and the if applicable (NOTE, Registered Agen; signature required when remistating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **Change** Addition Polowsky, Gettrey R 9390 South west 98th St. NAME POWLOW\$KY, JEFFREY R NAME STREET ADDRESS 3050 ALTA LAGUNA BLVD. STREET ADDRESS Miami FL 33176 CITY-ST-ZIP LAGUNA BEACH, CA 92651 CHTY-ST-ZIP VP Change TITLE ☐ Delete TITLE Cortes glona 4390 South west 98 MS+ ☐ Addition CORTES, GLORIA J NAME NAME STREET ADDRESS 3050 ALTA LAGUNA BLVD. STREET ADDRESS CITY-ST-ZIP LAGUNA BEACH, CA 92651 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-70 TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

FILED

Daytime Phone #