2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# F12599

Entity Name: ALPINE COMMUNICATION CORP.

Current Principal Place of Business:

595 N. NOVA RD
SUITE 208
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

595 N. NOVA RD
SUITE 208
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2047310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEYNOVICH, MITCHELL
595 N NOVA ROAD
SUITE 206
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: VEYNOVICH, MITCHELL
Address: 595 N NOVA ROAD, SUITE 206
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: VEYNOVICH, MARC
Address: 595 N NOVA ROAD, SUITE 208
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: VEYNOVICH, DIANA L
Address: 595 N NOVA RD SUITE 208
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: MURPHY, ROBERT
Address: 595 N NOVA RD, SUITE 208
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP
Name: STREETER, BEN
Address: 595 N NOVA RD SUITE 208
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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 all other like empowered.

SIGNATURE: MITCHELL VEYNOVICH PSTD 04/28/2012

Electronic Signature of Signing Officer or Director Date