2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # F12878 1. Entity Name ALEX/MART, INC. Principal Place of Business Mailing Address 9005 JACK UNDERWOOD RD. PO BOX 120839 O. BOX 120839 CLERMONT FL 34712 CLERMONT FL 34712-7839 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FE! Number Applied For 59-2061077 Not Applicable Zin Country Country Z_{ip} \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, JUDITH K Street Address (P.O. Box Number is Not Acceptable) 9005 JACK UNDERWOOD RD. CLERMONT FL 34711 City Zio Code 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 homed learns of registered agent and the Transicable (R-DTE: Registered Agent alignature required when reinstituting) DATE FILE NOW!!! FEE: IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT: F TITLE Change Addition | Darete NAME ALEXANDER, JUDITH K NAME STREET ADDRESS 9005 JACK UNDERWOOD RD STREET ADDRESS U00000942724 CLERMONT FL CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Darete Change ■ Addition NAME NAME CIREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE ☐ De ete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-57-719 CITY-ST-ZIP 10116 ☐ De ete HILL Cnange ☐ Addition HAME NAML STREET ADDRESS STREET ADDRESS CITY-ST-2IP City-G1-ZIP De ete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY- ST- ZIP TITLE ☐ De elo TITLE Addition ☐ Change NAME MAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five and accurate and that my signature shall have the same legal order as it 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith K Alexander

4/30/08

352**-**394-5460

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