## 2006 FOR PROFIT CORPORATION \_ANNUAL REPORT

DOCUMENT # F95000004961

1. Entity Name

ALEXANDRE LONDON, INC.



FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business

NAVY RESALE ACTIVITY NORFOLK NAVAL BASE, CD NORFOLK, VA 23511 US Mairing Address

300 EAST MAIN STREET STE 1400 NORFOLK, VA 23510 US



DO NOT WRITE IN THIS SPACE

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4.	FEI Number			Applied For
_	54-15626	112		Not Applicat

5. Certificate of Status Desired

0244200E

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

No Cho-P

		}						
	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce			
SIGNATURE_	Signature, typed or printed name of registered agent and title to	eppticable. INOTE, Registered /	Agent signature	required when reinstaling)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000534519 05/08/06-80015-010 150.00			
10.	OFFICERS AND DIREC	TORS						
title Name Strlet Address City-Si-Zip	T MAWBY, JOHN GRANARY BUILDING, 1 CANAL WHA LEEDS LS11 588, WY	RF		DO NOT WRITE IN THIS SPACE				
title Name Street address City-St-Zip	PD LUCAS, PETER GRANARY BLD., 1 CANAL WHARF LEEDS LS11 5BB WEST YORKSHIR,							
TITLE MAME STREET ADDRESS CITY-ST-ZIP	S BEST, CHARLES W III 300 E. MAIN STREET, STE 1400 NORFOLK, VA 23510	<del>-</del>						
title Name Street address City-S1-21P	VP-S ASHBY, KEITH 4013 QUIET CREEK DRIVE FAIRFAX, VA 220332891	. <u>.</u> 						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information care 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 directly of the corporation of the receiver or trustee empoward to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Sicconanged, or on an attachment with an address, with all other like rempowered.

SIGNATURE: _	1/00 19	///K , c	harles W.	Best, III	757-624-
	SIGNATURE AND TYPES OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daylima Phone 9