

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44376

FILED  
Mar 25, 2010  
Secretary of State

Entity Name: ALTERATIONS PLUS, INC.

**Current Principal Place of Business:**

8802 ROCKY CREEK DR.  
SUITE 107  
TAMPA, FL 33615 US

**New Principal Place of Business:**

8802 ROCKY CREEK DR.  
SUITE 109  
TAMPA, FL 33615 US

**Current Mailing Address:**

PO BOX 262857  
SUITE D.  
TAMPA, FL 33685 US

**New Mailing Address:**

FEI Number: 59-2311190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROM, RONALD  
8802 ROCKY CREEK DR  
SUITE 109  
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: STROM, RONALD E  
Address: 10744 DRUMMOND RD  
City-St-Zip: TAMPA, FL 33615 US

Title: PSD  
Name: STROM, ROSEMARIE G  
Address: 10744 DRUMMOND RD  
City-St-Zip: TAMPA, FL 33615 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: RONALD STROM

D T

03/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date