
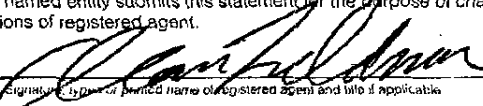
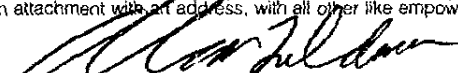


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # K10994			
1. Entity Name ALAN MFG., INC.			
Principal Place of Business 11542 PERPETUAL DR. #C ODESSA FL 33556		Mailing Address 11542 PERPETUAL DR. #C ODESSA FL 33556	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELDMAN, ALAN 11542 PERPETUAL DR. #C ODESSA FL 33556		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-2873005 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 		Alan Feldman 2-27-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELDMAN, LEALA 11542 PERPETUAL DR., #C ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000451368 03/10/05-80051-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, ALAN 11542 PERPETUAL DR., #C ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GINER, LAURA 11542 PERPETUAL DR., #C ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINER, GEOFFREY 11542 PERPETUAL DR., #C ODESSA FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  ALAN Feldman 2-27-06 727 834 8898