


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # K10994 1. Entity Name ALAN MFG., INC.	
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Principal Place of Business 11542 PERPETUAL DR. #C ODESSA FL 33556	Mailing Address 11542 PERPETUAL DR. #C ODESSA FL 33556
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E034 (10/06)

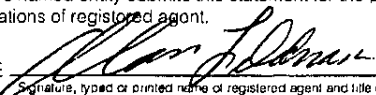
City & State	City & State	4. FEI Number 59-2873005	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELDMAN, ALAN 11542 PERPETUAL DR. #C ODESSA FL 33556

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, PRES.** **2-9-07**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VD	
NAME	FELDMAN, LEALA	
STREET ADDRESS	11542 PERPETUAL DR., #C	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	PD	
NAME	FELDMAN, ALAN	
STREET ADDRESS	11542 PERPETUAL DR., #C	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	V	
NAME	GINER, LAURA	
STREET ADDRESS	11542 PERPETUAL DR., #C	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	T	
NAME	GINER, GEOFFREY	
STREET ADDRESS	11542 PERPETUAL DR., #C	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	000000637313		
CITY-ST-ZIP	02/26/07-80056-012 158.75		
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 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** **2-9-07** **727-8348898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #