

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10994

FILED
Jan 27, 2009
Secretary of State

Entity Name: ALAN MFG., INC.

Current Principal Place of Business:

11542 PERPETUAL DR.
#C
ODESSA, FL 33556

New Principal Place of Business:

8228 SETTERS PT DR
NEW PORT RICHEY, FL 34653

Current Mailing Address:

11542 PERPETUAL DR.
#C
ODESSA, FL 33556

New Mailing Address:

8228 SETTERS PT DR
NEW PORT RICHEY, FL 34653

FEI Number: 59-2873005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, ALAN
11542 PERPETUAL DR.
#C
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

FELDMAN, ALAN
8228 SETTERS PT DR
NEW PORT RICHEY, FL 34653 US

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: ALAN FELDMAN

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FELDMAN, LEALA
Address: 11542 PERPETUAL DR., #C
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: FELDMAN, ALAN,
Address: 11542 PERPETUAL DR., #C
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: GINER, LAURA
Address: 11542 PERPETUAL DR., #C
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: GINER, GEOFFREY
Address: 11542 PERPETUAL DR., #C
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FELDMAN, LEALA
Address: 8228 SETTERS PT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PRES (X) Change () Addition
Name: FELDMAN, ALAN,
Address: 8228 SETTERS PT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V (X) Change () Addition
Name: GINER, LAURA
Address: 8228 SETTERS PT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T (X) Change () Addition
Name: GINER, GEOFFREY
Address: 8228 SETTERS PT DR
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALAN FELDMAN

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date