2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# L04000024478

Entity Name: ALSANWORKS LLC

Current Principal Place of Business:

498 SWEET BAY AVE.
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

498 SWEET BAY AVE.
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 11-3716610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLIN, SADAKO
498 SWEET BAY AVE.
NEW SMYRNA BEACH, FL 32168 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NOLIN, CHRISTOPHER A
Address: 498 SWEET BAY AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM ( ) Delete
Name: NOLIN, SADAKO
Address: 498 SWEET BAY AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NOLIN, CHRISTOPHER A
Address: 498 SWEET BAY AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGR (X) Change ( ) Addition
Name: NOLIN, SADAKO
Address: 498 SWEET BAY AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTOPHER A NOLIN MGR 02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date