2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90203 002 ***150.00

| 1. Entity Name ALEXANDER PANAMA, INC. | | | 04-28-200 | 06 90203 002 ***15 | 50.00 |
|---|---|---|--|-------------------------------------|--------------------------------|
| Principal Place of Business 2019 CENTRE POINTE BLVD SUITE 101— TALLAHASSEE, FL 32308— | Mailing Address 2019 CENTRE POINTE BLV SUITE 101 TALLAHASSEE, FL 3 2300 - | | | 0030699 | (F eb) 1 1 10 |
| 2. Principal Pic of Business 446. Connadi St. Suite. Apt. #, etc. H 107 | 3. Maiting Address POX Suite, Apt. #, etc. | 12579 | 04222006 Chg-P | CR2E034 (11/05) | |
| City & State Talla Massee FL Zip 32304 Country SA | City & State Ta Vahass Zip 32317 | ce, FC Country) USA | 4. FEI Number 59-35679045. Certificate of Status Desired | | |
| 6. Name and Address of Current MOTTICE H 2019 ENTRE POINTE BLVD SUITE 101 TALLAHARSEE, FL 32308 | Registered Agent | Street Address | 7. Name and Address of New hn P. Mottice (P.O. Box Number is Not Accepta 16 Conrodi St., Ilahassee | ble) | *2011 |
| 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signatur Joed or printed name of registered agent a | P. Mottice, Pr | stered office or registe | ored agent, or both, in the State of | | and accept |
| | | | , | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0 | 9. Election Campaign F Trust Fund Contribute | Financing\$5 | i.00 May Be ded to Fees | | |
| After May 1, 2006 Fee will be \$550.0 10. OFFICERS AND IN THE NAME MOTTICE, H J IN THE STREET ADDRESS 2019 CENTRE POINTE BLVD ST | Trust Fund Contribute DIRECTORS Delete | Financing \$5 ion. Add | ADDITIONS/CHANGES TO O | +0= #107 | S IN 11 |
| After May 1, 2006 Fee will be \$550.0 10. OFFICERS AND INTERPOLITE BLVD ST | Trust Fund Contribute DIRECTORS Delete Delete | Financing \$5 ion. | additions/Changes to o Additions/Changes to o Conradi St, # Allahassee, Fu Conradi St, | 107 32304 WChange | |
| After May 1, 2006 Fee will be \$550.0 10. OFFICERS AND I TITLE V NAME MOTTICE, H J STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308- TITLE PS NAME MOTTICE, JOHN P | Trust Fund Contribute DIRECTORS Delete Delete Delete Delete | Financing ion. Add | ADDITIONS/CHANGES TO O ADDITIONS/CHANGES TO O Conradi St, # Clahassec, FC | 107 32304 WChange | Addition |
| After May 1, 2006 Fee will be \$550.0 10. OFFICERS AND I TITLE V NAME MOTTICE, H J STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL WOTTICE, JOHN P. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL TITLE PS MOTTICE, JOHN P. 2019 CENTRE POINTE BY VP. ST CITY-ST-ZIP TALLAHASSEE, FL WOTTICE, ST-ZIP TALLAHASSEE, FL STREET ADDRESS STREET ADDRESS STREET ADDRESS | Trust Fund Contribute DIRECTORS Delete Delete Delete Delete Delete | Tinancing ion. Add | additions/Changes to o Additions/Changes to o Conradi St, # Allahassee, Fu Conradi St, | H107 32304 WChange H107 32304 | Addition |
| After May 1, 2006 Fee will be \$550.0 10. OFFICERS AND I TITLE V MOTTICE, H J J. STREET ADDRESS TALLAHASSEE, FL 32308- TITLE PS MOTTICE, JOHN P. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 3230 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trust Fund Contribute DIRECTORS Delete FE-101 Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | additions/Changes to o Additions/Changes to o Conradi St, # Allahassee, Fu Conradi St, | HIO7 32304 Change HIO7 32304 Change | Addition Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

John P. Mottice ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/26/06

850-386-2117

Daytime Phone #