


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90203 002 ***150.00

DOCUMENT # L20505

1. Entity Name
ALEXANDER PANAMA, INC.



Principal Place of Business
**2019 CENTRE POINTE BLVD
 SUITE 101
 TALLAHASSEE, FL 32308**

Mailing Address
**2019 CENTRE POINTE BLVD
 SUITE 101
 TALLAHASSEE, FL 32308**

60030699



2. Principal Place of Business
**446 Conradi St.
 Suite, Apt. #, etc.
 #107**

3. Mailing Address
**P.O. Box 12579
 Suite, Apt. #, etc.**

04222006 Chg-P CR2E034 (11/05)

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3567904

Applied For
 Not Applicable

Zip
32304 Country
USA

Zip
32317 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOTTICE, H J
 2019 CENTRE POINTE BLVD
 SUITE 101
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name
John P. Mottice

Street Address (P.O. Box Number is Not Acceptable)
446 Conradi St., #107

City
Tallahassee FL Zip
32304

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 **John P. Mottice, President** DATE **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOTTICE, H J 2019 CENTRE POINTE BLVD STE 101 TALLAHASSEE, FL 32308	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOTTICE, JOHN P. 2019 CENTRE POINTE BLVD STE 101 TALLAHASSEE, FL 32308	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V (same) 446 Conradi St, #107 Tallahassee, FL 32304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS (same) 446 Conradi St, #107 Tallahassee, FL 32304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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, President** DATE **4/26/06** DAYTIME PHONE # **850-386-2117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR