

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M62427

FILED
Jan 08, 2007
Secretary of State

Entity Name: ALEC'S CAMPER CENTER, INC.

Current Principal Place of Business:

C/O NORINE SILVERSTEIN
16960 S. DIXIE HWY.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

C/O NORINE SILVERSTEIN
16960 S. DIXIE HWY.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-1234924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVERSTEIN, NORINE
16960 S. DIXIE HWY.
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVERSTEIN, NORINE,
Address: 8220 SW 149TH DRIVE
City-St-Zip: MIAMI, FL 33158 US

Title: VPM () Delete
Name: SILVERSTEIN, AUSTIN
Address: 2977 MCFARLANE RD. #PH6
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: SILVERSTEIN, AUSTIN
Address: 2977 MCFARLANE RD. #PH6
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPM (X) Change () Addition
Name: SILVERSTEIN, AUSTIN
Address: 8220 S. W. 149 DRIVE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158 US

Title: S (X) Change () Addition
Name: SILVERSTEIN, AUSTIN
Address: 8220 S. W. 149 DRIVE
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

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 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: NORINE SILVERSTEIN

PD

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date