

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000602

FILED
Apr 22, 2006
Secretary of State

Entity Name: ALLIANCE FOR SCIENCE, HEALTH AND ENVIRONMENT, INC.

Current Principal Place of Business:

514 OCEAN AVE
SUITE 6
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

514 OCEAN AVE
SUITE 6
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 47-0898951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERBER, SCOTT A
211 FLAMINGO LANE
MELBOURNE BEACH, FL 32951 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FODOR, LYNETTE T
Address: 211 FLAMINGO LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DV () Delete
Name: PETRIE, CHRIS
Address: 2380 ST. ANDREWS DR
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: HERBER, SCOTT A
Address: 211 FLAMINGO LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: BM () Delete
Name: REDDY, STEVE
Address: 14395 80TH AVE
City-St-Zip: SEBASTIAN, FL 32957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: BM (X) Change () Addition
Name: REDDY, STEPHEN Z
Address: 14395 80TH AVE
City-St-Zip: SEBASTIAN, FL 32957

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. HERBER

TREA

04/22/2006

Electronic Signature of Signing Officer or Director

Date