## FILED 2008 NOT-FOR-PROFIT CORPORATION Jan 23, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # N03000007117** 1. Entity Name ALPHA UPSILON SIGMA, INC. Principal Place of Business Mailing Address 5250 17TH ST 5250 17TH ST SARASOTA, FL 34235 SARASOTA, FL 34235 The second of the second of the second 01162008 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 31-1119535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Wite an appearance with the state of the same SANABRIA, SAMUEL DO NOT WR 5250 17TH ST SARASOTA, FL 34235 IN THIS SPAC 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE NAME SANABRIA, SANUEL STREET ADDRESS 5250 17TH ST CITY-ST-ZIP SARASOTA, FL 34235 TITLE NAME STREET ADDRESS him I had We at the array largery of the thica CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 617, 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:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED NTED NAME OF SIGNING OFFICER OR DIRECTOR