2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P00000010067** 1. Entity Name ALIBÍ ENTERPRISES, INC. Mailing Address Principal Place of Business 515 SOUTHRIDGEWOOD AVE 515 SOUTHRIDGEWOOD AVE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3624538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RHYNARD, M A 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITEF ANGRISANI, FRANK NAME STREET ADDRESS 308 SEABREEZE BOULEVARD CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIF 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 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:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 386-0451-3151

FILED