2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 30, 2007 8:00 am **DOCUMENT # P00000045767** Secretary of State 05-30-2007 90006 014 ***158.75 FIVE STAR ALTERATIONS, INC. Principal Place of Business 3805 W MANGER BLD9 926 TAMPA, FL 33616 3108 N. BOUNDARY Mailing Address 1401 DUMONT DR 402 VALRICO, FL 33594 MACDILL AFB, FL 33608 05112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-1989173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORES, LORRIE L DO NOT WRITE 1401 DUMONT DR. VALRICO, FL 33594 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. 5-17-07 LORRIZ SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE FLORES, LORRIE NAME STREET ADDRESS 1401 DUMONT DR. VALRICO, FL 33594 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME

FILED

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: Lonie d. Flores

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS