


2006 FOR PROFIT CORPORATION ANNUAL REPORT

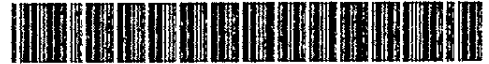
FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P0000098985
 1. Entity Name
ALEXANDER M. ALTIER, INC.



Principal Place of Business Mailing Address
**4615 N. UNIVERSITY DR.
CORAL SPRING, FL 33067** **4615 N. UNIVERSITY DR.
CORAL SPRING, FL 33067**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1050057 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALTIER, DEBRA
4615 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33067**

DO NOT WRITE 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title, if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100009394620
01/26/06-80018-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALTIER, ALEXANDER M
STREET ADDRESS	5068 NW 98TH LN.
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	VP
NAME	ALTIER, DEBRA G
STREET ADDRESS	5068 NW 98TH LN.
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 any attachment with an address, with all other like empowered.

SIGNATURE: Debra G. Altier 1-18-06 954-346-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #