2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A Secretary of State **DOCUMENT # P01000030625** 1. Entity Name ALT STAR, INC. Mailing Address Principal Place of Business 13605 GULF BLVD. 13605 GULF BLVD. MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708 No Cha-P CR2E034 (11/05) 01092008 DO NOT WRITE IN THIS SPACE Applied For 56-2300285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DIPCHANSINGH, HARRY 13605 GULF BLVD SAINT PETERSBURG, FL 33708 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. (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable. /00000844753 [3/08-80011-019 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DIPCHANSINGH, HARRY 2864 56TH LANE NORTH STREET ADDRESS ST. PETERSBURG, FL. 33777 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 it 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 AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR

Daytime Phone #

FILED