


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P01000045930		
1. Entity Name ALTERNATIVE WALL SYSTEMS, INC.		
Principal Place of Business 1117 SEAFARER LANE WINTER SPRINGS, FL 32708	Mailing Address 1117 SEAFARER LANE WINTER SPRINGS, FL 32708	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNER, ELSIE C 201 PARK PLACE, SUITE 204 ALTAMONTE SPRINGS, FL 32701		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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTER, MICHAEL 1117 SEAFARER LANE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, COLLEEN 1117 SEAFARER LANE WINTER SPRINGS, FL 32708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Michael Masters</i></u> Michael Masters		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-17-06 Daytime Phone # 407 695-6804



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3726504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/06/06-80037-004 150.00