

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000045930**  
 1. Entity Name  
**ALTERNATIVE WALL SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**1117 SEAFARER LANE**                      **1117 SEAFARER LANE**  
**WINTER SPRINGS, FL. 32708**              **WINTER SPRINGS, FL. 32708**

**DO NOT WRITE IN THIS SPACE**



04122007    No Chg-P    CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
**TURNER, ELSIE C**  
**201 PARK PLACE, SUITE 204**  
**ALTAMONTE SPRINGS, FL 32701**

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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 reconstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
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	

U00000715271  
 04/27/07-80056-017 150.00

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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:** Michael Masters      **Michael Masters**      4-15-07      407-695-6804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #