

**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
**1117 SEAFARER LANE
WINTER SPRINGS, FL 32708**

Mailing Address
**1117 SEAFARER LANE
WINTER SPRINGS, FL 32708**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3726504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	D
NAME	MASTER, MICHAEL
STREET ADDRESS	1117 SEAFARER LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	MASTERS, COLLEEN
STREET ADDRESS	1117 SEAFARER LANE
CITY-ST-ZIP	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	

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04/27/07-80056-017 150.00

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

SIGNATURE: Michael Masters **Michael Masters**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-07 **4-15-07**

Date

407-695-6804 **407-695-6804**

Daytime Phone #