

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100135

Entity Name: ALESSANDRO CORP.

FILED  
Apr 19, 2006  
Secretary of State

## Current Principal Place of Business:

23540 WALDEN CENTER DRIVE  
UNIT 206  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

23540 WALDEN CENTER DRIVE  
UNIT 206  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

23520 WALDEN CENTER DRIVE  
UNIT 305  
BONITA SPRINGS, FL 34134

## New Mailing Address:

23520 WALDEN CENTER DRIVE  
UNIT 305  
BONITA SPRINGS, FL 34134

FEI Number: 59-3752077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KALEYTA, HANS A PSD  
23540 WALDEN CENTER DR.  
206  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

KALEYTA, HANS A PSD  
23520 WALDEN CENTER DR.  
305  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: KALEYTA

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: KALEYTA, HANS A PSD  
Address: 23540 WALDEN CENTER DRIVE, # 206  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD ( ) Delete  
Name: KALEYTA, RAJNA S VTD  
Address: 23540 WALDEN CENTER DRIVE, # 206  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: KALEYTA, HANS A PSD  
Address: 23520 WALDEN CENTER DRIVE, # 305  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD (X) Change ( ) Addition  
Name: KALEYTA, RAJNA S VTD  
Address: 23520 WALDEN CENTER DRIVE, # 305  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KALEYTA

PSD

04/19/2006

Electronic Signature of Signing Officer or Director

Date