2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 29, 2006 8:00 am Secretary of State DOCUMENT # P02000125486 03-29-2006 90127 038 ***150.00 ALRA INVESTMENTS, INC. Mailing Address Principal Place of Business 103 48TH AVE. TERRACE WEST BRADENTON FL 34207 3878 SR 64 EAST BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address 5 2 4 4 5 R 6 4 E. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FE! Number 41-2069841 Not Applicable RADENTON Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAWDING, GLORIA J Street Address (P.O. Box Number is Not Acceptable) 103 48TH AVE. TERRACE WEST **BRADENTON FL 34207** Zio Code 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. KAWAING FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDT ☐ Delete TITLE Change Addition NAME NAME RAWDING, GLORIA J STREET ADDRESS 103 48TH AVE TERR W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP UPSD TITLE ☐ Delete Addition ALMEIOA, KELLY 15021 BOWFIN TER. BRADENTON FL. 34202 ALMEIDA, KELLY STREET ADDRESS 402 BOW LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

RAWDING 3-8/-06 94/-756. 2240

DIRECTOR Date Date Daytime Phone *

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED