2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 25, 2005 8:00 am **Secretary of State DOCUMENT # P03000031944** 1. Entity Name 03-25-2005 90022 023 ***158.75 ALEXAH HOLDINGS, INC. Principal Place of Business Mailing Address 118 PEGASUS DR. 118 PEGASUS DR. JUPITER, FL 33477-JUPITER, FL 33477 3. Mailing Address 2. Principal Place of Business 704 XANADU PC. 704 XANADU Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03212005 Chg-P City & State 4. FEI Number Applied For FL. Jupiter 06-1683544 Not Applicab Country \$8.75 Additional 5. Certificate of Status Desired Palm Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jack M. Berk SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Jupiter 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. Tack m. Berk V.P. (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President amorris Change Addition 12014 Captians Landing TITLE PTD Delete TITLE SHLAMOWITZ, MORRIS NAME NAME STREET ADDRESS STREET ADDRESS 118 PEGASUS DR. North Palm Bch. Fl 33408 CITY-ST-ZIP JUPITER-Ft-33477 CITY-ST-ZIP Vice President VDS ☐ Delete TITLE TITLE Berk, Jack M. PLace SHLAMOWITZ, JOAN NAME NAME 118 PEGASUS DR. STREET ADDRESS STREET ADDRESS Jupiter FL. 33477 Secretary - Treas. Strange Addition of the Change 12014 Captians Landing JUPITER-FL-33477 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP North Palm Bch. 156. 3340 COY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addit NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addil NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

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