2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM DOCUMENT # P03000098836 **Secretary of State** 1. Entity Name JUDY S. ALEXANDER, INC. Principal Place of Business Mailing Address 1700 NORTHORNE 1700 NORTHORVE S4F460TA FL 34239 S4F#80TA FL 34239 No Cha-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2391251 Not Applicat \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALEXANDER, JUDY S DO NOT WRITE 1700 NORTH DRIVE SARASOTA, FL 34239 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ALEXANDER, JUDY S NAME 1700 NORTH DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34239 U00000391796 01/24/06-80054-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE गगम NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 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.

STREET ADDRESS CITY-ST-ZIP

Gudy J. alexander

FILED