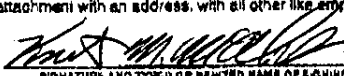
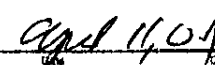


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000130813					
1. Entity Name MCALISTER ENTERPRISES, INC.					
Principal Place of Business 6118 LAPINE RD BROOKSVILLE, FL 34602			Mailing Address 6118 LAPINE RD BROOKSVILLE, FL 34602		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1978080	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCALISTER, KNUTE 6118 LAPINE RD BROOKSVILLE, FL 34602			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEB 15 \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition	000000707046 04/24/07-80058-023 150.00	
NAME	MCALISTER, KNUTE	NAME			
STREET ADDRESS	6118 LAPINE RD	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34602	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MCALISTER, TODD	NAME			
STREET ADDRESS	6118 LAPINE RD	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34602	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  KNUTE MCALISTER DIRECTOR 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					