


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90001 029 \*\*\*150.00

<b>DOCUMENT # P04000035400</b>	
1. Entity Name <b>ALAN UNROE ENTERPRISES, INC.</b>	

Principal Place of Business <b>4014 BISCAYNE DRIVE WINTER SPRINGS, FL 32708</b>	Mailing Address <b>4014 BISCAYNE DRIVE WINTER SPRINGS, FL 32708</b>
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2. Principal Place of Business <b>650 Blue Park Rd</b>	3. Mailing Address <b>650 Blue Park Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orange City FL</b>	City & State <b>Orange City FL</b>
Zip <b>32763</b>	Zip <b>32763</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>UNROE, ALLEN 837 CONKLIN CT CASSELBERRY, FL 32707</b>	
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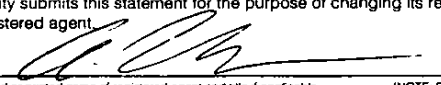
09102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>14-1903671</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State <b>FL</b> 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  **9/11/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST UNROE, ALLEN 837 CONKLIN CT CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Allen Unroe 650 Blue Park Rd Orange City FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNROE, ALLEN 837 CONKLIN CT CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Allen Unroe 650 Blue Park Rd Orange City FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEAVITT, ELIZABETH 4014 BISCAYNE DRIVE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Unroe, Elizabeth 650 Blue Park Rd Orange City FL 32763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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:  **9/11/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #