## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000152027

Entity Name: ALPHAANUBIS, INC

FILED Apr 24, 2006 Secretary of State

| Littly Na   | IIIE. ALFIIAAI                                      | NODIO, IINO.                     |   |   |  |
|---|---|----------------------------------|---|---|--|
| Current Principal Place of Business:              |   |                                  | New Principal Place of Business:                                |   |  |
|   | GLASS COVE<br>OD, FL 32779                          |                                  |   |   |  |
| Current Mailing Address:                          |   |                                  | New Mailing Address:  |   |  |
|   | GLASS COVE<br>OD, FL 32779                          |                                  |   |   |  |
| FEI Number: 20-1799829 FEI Number Applied For ( ) |   |                                  | FEI Number Not Applicable ( ) Certificate of Status Desired (X) |   |  |
| Name and  | Address of C  | urrent Registered Agent:         | Name and  | Address of New Registered Agent:  |  |
| 2856 SPY  | ELEANOR<br>GLASS COVE<br>OD, FL 32779               | US                               |   |   |  |
|   | named entity s<br>e of Florida.                     | submits this statement for the p | ourpose of changing i   | ts registered office or registered agent, or both,  |  |
| SIGNATU   | RE:   |                                  |   |   |  |
|   | Electron  | ic Signature of Registered Age   | ent   | Date  |  |
| Election Car                                      | mpaign Financing                                    | Trust Fund Contribution ( ).     |   |   |  |
| OFFICERS AND DIRECTORS:                           |   |                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                    |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | P ()<br>STARKS, MAX<br>2856 SPYGLAS<br>LONGWOOD, F  |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip:                     | ( ) Change ( ) Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | D ()<br>MUORIE, IDA<br>303 LONDONDI<br>SARASOTA, FL |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip:                     | D (X) Change ( ) Addition<br>MUORIE, IDA<br>PO BOX 2652<br>ORLANDO, FL 32802              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | D ()<br>DAVIS, HELEN<br>331 SATINWOO<br>GREENSBURG  |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip:                     | ( ) Change ( ) Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | ()  | Delete                           | Title:<br>Name:<br>Address:<br>City-St-Zip:                     | D ( ) Change (X) Addition<br>STARKS, JUSTIN W<br>2856 SPYGLASS COVE<br>LONGWOOD, FL 32779 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | ()  | Delete                           | Title:<br>Name:<br>Address:<br>City-St-Zip:                     | VP ( ) Change (X) Addition<br>STARKS, ELEANOR<br>2856 SPYGLASS COVE<br>LONGWOOD, FL 32802 |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR STARKS VP 04/24/2006