

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152027

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: ALPHAANUBIS, INC.

**Current Principal Place of Business:**

2856 SPYGLASS COVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2856 SPYGLASS COVE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-1799829      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STARKS, ELEANOR  
2856 SPYGLASS COVE  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STARKS, MAX  
Address: 2856 SPYGLASS COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: MUORIE, IDA  
Address: 303 LONDONDERRY DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: D ( ) Delete  
Name: DAVIS, HELEN  
Address: 331 SATINWOOD LANE  
City-St-Zip: GREENSBURG, PA 15601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MUORIE, IDA  
Address: PO BOX 2652  
City-St-Zip: ORLANDO, FL 32802

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: STARKS, JUSTIN W  
Address: 2856 SPYGLASS COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Change (X) Addition  
Name: STARKS, ELEANOR  
Address: 2856 SPYGLASS COVE  
City-St-Zip: 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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date