2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000152027

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:

STARKS-KHAN, ELEANOR C
2856 SPYGLASS COVE
LONGWOOD, FL 32779 US

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: ELEANOR C. STARKS-KHAN 04/30/2007
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: PO BOX 2652
City-St-Zip: ORLANDO, FL 32802

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

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

Title: VP ( ) Delete
Name: STARKS, ELEANOR
Address: 2856 SPYGLASS COVE
City-St-Zip: LONGWOOD, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change ( ) Addition
Name: STARKS-KHAN, ELEANOR C
Address: 2856 SPYGLASS COVE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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 C. STARKS-KHAN VP 04/30/2007
Electronic Signature of Signing Officer or Director Date