
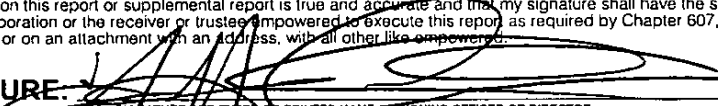


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90008 031 \*\*\*150.00

<b>DOCUMENT # P04000155724</b> 1. Entity Name ALI-J, INC.					
Principal Place of Business 4430 ORCHID BLVD #201 CAPE CORAL, FL 33904 US			Mailing Address 4430 ORCHID BLVD #201 CAPE CORAL, FL 33904 US		
2. Principal Place of Business 5924 TARPON GARDEN CIRCLE Suite, Apt. #, etc. #202			3. Mailing Address 5924 Tarpon Garden Circle Suite, Apt. #, etc. #202		
City & State Cape Coral, FL			City & State Cape Coral, FL		
Zip 33914		Country USA		4. FEI Number 20-1883306	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FREE, JEFFREY A 4430 ORCHID BLVD #201 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  5924 Tarpon Garden Circle, #202  City Cape Coral FL Zip Code 33914	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREE, JEFFREY A 5924 TARPON GARDEN CIRCLE #202 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FREE, ALISON D 5924 TARPON GARDEN CIRCLE # 202 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARCORAN, KACIE R 4430 ORCHID BLVD, # 3 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CANNIZZARO, KACIE 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CANNIZZARO, KACIE 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CANNIZZARO, KACIE 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CANNIZZARO, KACIE 5924 Tarpon Garden Circle #202 Cape Coral, FL 33914	<input checked="" 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: 			Date: 12-15-06 Daytime Phone #: 1994 0451		