

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended


FILED

06 APR 25 PM 8:07

PROCLAMATION OF STATE  
TALL MADRID, FLORIDA



04042006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000164937			
1. Entity Name ALAPARD CORP			
Principal Place of Business 5402 LAURENCE LANE NEW PORT RICHEY, FL 34652		Mailing Address 5402 LAURENCE LANE NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 4852 ANCHORAGE COVE Suite, Apt. #, etc.		3. Mailing Address 4852 ANCHORAGE COVE Suite, Apt. #, etc.	
City & State PORT RICHEY FL		City & State PORT RICHEY FL	
Zip 34668	Country USA	Zip 34668	Country USA
4. FEI Number 30-0290130		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINLAUF, BERNARD 377 TILFORD R DEERFIELD BEACH, FL 33342		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRAPOLA, MICKEY 5402 LAURENCE LANE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CYNTHIA R. DETCHMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4852 ANCHORAGE COVE PORT RICHEY FL 34668
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	500073987665 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/04/06--01019--010 **61.25
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: X Cynthia R. Deitchman		Date 4/06/06 7278410839	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

B. Mitchell APR 28 2006