

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000029058

Entity Name: ALACRI INC

FILED  
Mar 20, 2007  
Secretary of State

## Current Principal Place of Business:

1501 AVOCADO AVENUE  
MELBOURNE, FL 32935 US

## New Principal Place of Business:

## Current Mailing Address:

1501 AVOCADO AVENUE  
MELBOURNE, FL 32935 US

## New Mailing Address:

FEI Number: 20-2401883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAIR, BART S  
1501 AVOCADO AVENUE  
MELBOURNE, FL 32935 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: PRES ( ) Delete  
Name: PAIR, BART S  
Address: 1872 GULF COURT  
City-St-Zip: INDIALANTIC, FL 32935 US

Title: VP ( ) Delete  
Name: SILVEY, DAVID F  
Address: 705 PALM DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: SEC ( ) Delete  
Name: NEVIUS, DAVID E  
Address: 2240 WOODWIND TRAIL, #1503  
City-St-Zip: MELBOURNE, FL 32935 US

## 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:

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: BART S. PAIR

PRES

03/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date