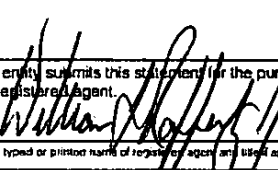
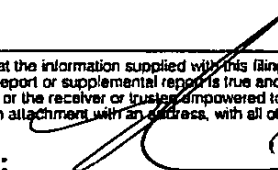


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90392 048 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000031146			
1. Entity Name ALTERNA WEALTH MANAGEMENT, INC.			
Principal Place of Business 6600 N. ANDREWS AVENUE, SUITE 130 FORT LAUDERDALE, FL 33309		Mailing Address 6600 N. ANDREWS AVENUE, SUITE 130 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2427303		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04222008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent COULTAS, ROBERT 1401 BRICKELL AVENUE SUITE 825 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name William L. Rafferty, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) Rafferty, Stolzenberg Gelles et al 1401 Brickell Avenue, Suite 825 City Miami FL Zip Code 33131	
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  William L. Rafferty, Jr., Esq. DATE 4/25/08 Signature, typed or printed name of registered agent, and street address, if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PO KONRAD, ROBERT L 6600 N. ANDREWS AVENUE, SUITE 130 FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KONRAD, ROBERT L. 6600 N. Andrews Avenue, Suite 130 Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 807, 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:  Robert L. Konrad		4/22/08 (954) 703-2020 Date Daytime Phone #	