
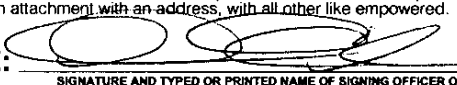


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90422 045 ***150.00

DOCUMENT # P05000059548 1. Entity Name ALFS, INC.			
Principal Place of Business 6154 TURNBURY PACK DR. #2206 SARASOTA, FL 34243		Mailing Address 6154 TURNBURY PACK DR. #2206 SARASOTA, FL 34243	
2. Principal Place of Business - No P.O. Box # 1800 SECOND SE.		3. Mailing Address SAME AS ON YR	
Suite, Apt. #, etc. Suite 810		Suite, Apt. #, etc. Left	
City & State SARASOTA FL.		City & State 	
Zip 34236	Country SARASOTA	Zip 	Country
6. Name and Address of Current Registered Agent GONTAREK, CHRISTIAN 6154 TURNBURY PACK DR. #2206 SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 	
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.		4. FEI Number 59-0291451	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 PD	NAME GONTAREK, CHRISTIAN	TITLE 	NAME
STREET ADDRESS 6154 TURNBURY PACK DR. #2206	CITY-ST-ZIP SARASOTA, FL 34243	STREET ADDRESS 	CITY-ST-ZIP
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:  Christian Gontarek	