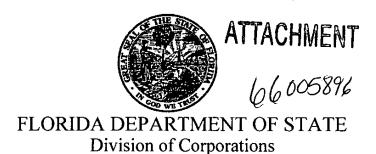
2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000100463 1. Erdity Name ALTERNATIVE DEVELOPERS, INC.						02-27-2006 90110 046 ***150.00				
Principal Place of Business Mailing Address 1830 SE 6TH AVE. 1830 SE 6TH AVE. CAPE CORAL, FL 33990 CAPE CORAL, FL 33990						1/88/11	û Alit) ên eha car citi	enn eren a	Alia bindig andro i	TICÁNICA DO JUENTO
2. Principal P	face of Busin	NESS	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01262006	Chg-P	CR2E	034 (11/05)		
City & State			City & State		4. FEI Numb	110190			oplied For at Applicable	
Zip	p Country		Zip Count		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent						7. Name and	i Address of New Re	glatered	Agent	
SWAN, LAWRENCE 1008 NE 7TH TERR. CAPE CORAL, FL 33909					Name Street Address (P.O. Box Number is Not Acceptable)					
			,		City		 	FL	Zip Cod	e
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.										and accept
SIGNATURE										
Signature, typed or private havine of registated Agent and Elle if applicable OPETE Registated Agent aignature required when remaining) DATE										
		FEE IS \$150.00 8 Fee will be \$550.0		.00 May Bo led to Fees				1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
10.	,	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 11
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NAME STREET ADDRESS					ET ADDRESS	•	• •		•	
CITY-ST-ZMP					-S1-ZIP					}
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NAME STREET ADDRESS	SIMONETTI, JUDITH			NAK	L					j
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STREET ADDRESS City-St-ZIP				STRE	ET ADDRESS -SI-ZIP			. * .		
12. I horeby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter;119, Florids 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 cett; 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, Florids Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attach penul with an address with ell other like empowered.										
SIGNAT	URE: _	1011110 XXVI	COMMAL F	<u> </u>	<u> </u>	VG[]	0/7/100	<u>~~~~</u>	1101	



March 2, 2006

ALTERNATIVE DEVELOPERS, INC. 1830 SE 6TH AVE. CAPE CORAL, FL 33990

Subject: ALTERNATIVE DEVELOPERS, INC.

Reference Number: \

P05000100463

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance. call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314