


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 034 \*\*\*150.00

<b>DOCUMENT #</b> P05000126835	
1. Entity Name <b>ALNERIFE ENTERPRISES, INC.</b>	

Principal Place of Business <b>11458 ESKIMO CURLEW ST WEEKI WACHEE, FL 34613</b>	Mailing Address <b>11458 ESKIMO CURLEW ST WEEKI WACHEE, FL 34613</b>
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2. Principal Place of Business - No P.O. Box # <b>3315 BRIARWOOD CP.</b>	3. Mailing Address <b>3513 BRIARWOOD CR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SAFETY HARBOR, FL.</b>	City & State <b>SAFETY HARBOR, FL.</b>
Zip <b>34695-4691</b>	Zip <b>34695-4691</b>
Country <b>PINELLAS</b>	Country <b>PINELLAS</b>

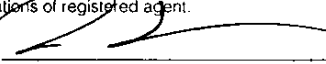
01162007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3502877</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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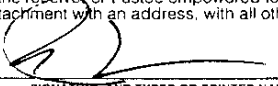
6. Name and Address of Current Registered Agent <b>TOMASSINI, HILDA 11458 ESKIMO CURLEW ST WEEKI WACHEE, FL 34613</b>	
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7. Name and Address of New Registered Agent Name <b>HILDA TOMASSINI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3513 BRIARWOOD Circle</b> City <b>SAFETY HARBOR</b> FL Zip Code <b>34695</b>	
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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 	<b>HILDA TOMASSINI</b> 1/16/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOMASSINI, HILDA 11458 ESKIMO CURLEW ST WEEKI WACHEE, FL 34613 <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	<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	<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: 	<b>HILDA TOMASSINI - President</b> 01/16/07 727-235-4906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	