

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129556

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: ALLPHAZE INC.

## Current Principal Place of Business:

6295 TALL TOMBER RD  
DELEON SPRINGS, FL 32130

## New Principal Place of Business:

6295 TALL TIMBER RD  
DELEON SPRINGS, FL 32130

## Current Mailing Address:

6295 TALL TOMBER RD  
DELEON SPRINGS, FL 32130

## New Mailing Address:

6295 TALL TIMBER RD  
DE LEON SPRINGS, FL 32130

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

NORLING, PATTI J  
6295 TALL TIMBER RD  
DE LEON SPRINGS, FL 32130 US

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: PATTI J. NORLING

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GRAHAM, DAVID P  
Address: 6295 TALL TOMBER RD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VSD ( ) Delete  
Name: NORLING, PATTI  
Address: 6295 TALL TOMBER RD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: T ( ) Delete  
Name: GRAHAM, RICHARD L  
Address: 6295 TALL TOMBER RD  
City-St-Zip: DELEON SPRINGS, FL 32130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRAHAM, DAVID P  
Address: 6295 TALL TIMBER RD  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: VSD (X) Change ( ) Addition  
Name: NORLING, PATTI J  
Address: 6295 TALL TIMBER RD  
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: T (X) Change ( ) Addition  
Name: NORLING, PATTI J  
Address: 6295 TALL TIMBER RD  
City-St-Zip: DE LEON SPRINGS, FL 32130

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: PATTI J. NORLING

VSP

03/21/2006

Electronic Signature of Signing Officer or Director

Date