

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147450

Entity Name: ALTERNATIVE FINISHES, INC.

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

14355 PARADISE TREE DR.
ORLANDO, FL 32828

New Principal Place of Business:

14428 NOTTINGHAM WAY CIRCLE
ORLANDO, FL 32828

Current Mailing Address:

14355 PARADISE TREE DR.
ORLANDO, FL 32828

New Mailing Address:

1969 ALAFAYA TRAIL
#114
ORLANDO, FL 32828

FEI Number: 20-3734298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOOD, JACK
14355 PARADISE TREE DR.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

FLOOD, JACK
14428 NOTTINGHAM WAY CIRCLE
ORLANDO, FL 32828 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:

05/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLOOD, JACK
Address: 14355 PARADISE TREE DR.
City-St-Zip: ORLANDO, FL 32828

Title: DSV () Delete
Name: FLOOD, NAFHE
Address: 14355 PARADISE TREE DR.
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FLOOD, JACK
Address: 14428 NOTTINGHAM WAY CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: DSV (X) Change () Addition
Name: FLOOD, NAFHE
Address: 14428 NOTTINGHAM WAY CIRCLE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify 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: NAFHE FLOOD

DSV

05/09/2008

Electronic Signature of Signing Officer or Director

Date