2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 11, 2006 8:00 am Secretary of State DOCUMENT # P05000162252 08-11-2006 90002 006 ***558.75 1. Entity Name ALJEN PRODUCTS, INC. Principal Place of Business Mailing Address 50025045 27154 SAN MARCO DR. 27154 SAN MARCO DR. PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MINTZ, ALFRED L. Street Address (P.O. Box Number is Not Acceptable) 7064 RIVER CREST DR. JACKSONVILLE, FL 32226 City Zip Code FL 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 Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΡD ☐ Addition TITLE ☐ Delete TITLE ☐ Change MINTZ, ALFRED L. NAME NAME 7064 RIVER CREST DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32226 CT ☐ Delete ☐ Change ☐ Addition TITLE TOTAL ALVEY, JENNIFER C. NAME NAME STREET ADDRESS STREET ADDRESS 27154 SAN MARCO DR. CITY-ST-ZIP CITY - ST-ZIP PUNTA GORDA, FL 33983 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 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 attachprent with an address, with all other like empowered.

FILED