2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034391

Entity Name: ALPISYS, INC.

FILED Feb 28, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5800 SW 127TH AVE. 4226 SW SAVONA BLVD

2414 PORT SAINT LUCIE, FL 34953 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

5800 SW 127TH AVE. 4226 SW SAVONA BLVD 2414 PORT SAINT LUCIE, FL 34953

2414 PORT SAINT LUCIE, FL 3495. MIAMI, FL 33183

FEI Number: 26-0137405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALEGRE, PAULO C
5800 SW 127TH AVE
4226 SW SAVONA BLVD
2414
BORT SAINT LUCIE EL 34953 LIS

2414 PORT SAINT LUCIE, FL 34953 US MIAMI, FL 33183 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: PAULO ALEGRE 02/28/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ALEGRE, PAULO C
 Name:
 ALEGRE, PAULO C

 Address:
 5800 SW 127TH AVE #2414
 Address:
 4226 SW SAVONA BLVD

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:
 PORT SAINT LUCIE, FL 34953

Title: VP () Delete Title: VP (X) Change () Addition

Name: PINZON, ANA K Name: PINZON, ANA K

 Address:
 5800 SW 127TH AVE #2414
 Address:
 4226 SW SAVONA BLVD

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:
 PORT SAINT LUCIE, FL 34953

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: PAULO ALEGRE P 02/28/2007