

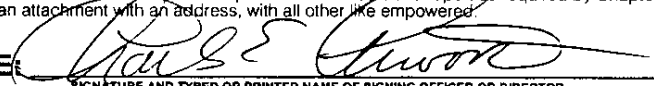


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90058 037 ***150.00

DOCUMENT # P06000075547 1. Entity Name ALENA GROUP INC.					
Principal Place of Business 355 NE 5TH AVENUE 5 DELRAY BEACH, FL 33483			Mailing Address 355 NE 5TH AVENUE 5 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 1500 W. CYPRESS CREEK RD		3. Mailing Address 1500 W CYPRESS CREEK RD			
Suite, Apt. #, etc. #505		Suite, Apt. #, etc. #505			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL			
Zip 33309		Country BROWARD		Zip 33309	
Country BROWARD		Country BROWARD			
4. FEI Number 20-5020870			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOSTLEY, PATRICK L 355 NE 5TH AVENUE 5 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name CHARLES E. ATWOOD II Street Address (P.O. Box Number is Not Acceptable) 490 SE 1ST AVENUE ROMANO BEACH, FL 33060 City FL Zip Code		
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  DATE 7/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATWOOD, ELIZABETH A 12 IVEY TRACE CT. HUNT VALLEY, MD 21030 <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	VP ATWOOD, CHARLES E 12 IVEY TRACE CT. HUNT VALLEY, MD 21030 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES E ATWOOD II 490 SE 1ST AVENUE ROMANO BEACH, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GOSTLEY, PATRICK L 355 NE 5TH AVENUE, SUITE 5 DELRAY BEACH, FL 33483 <input checked="" 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	DIR DAVIDSON, ALBERT JR. 355 NE 5TH AVENUE, SUITE 5 DELRAY BEACH, FL 33483 <input checked="" 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 			Date 7/6/07 Daytime Phone # 954-776-1900		