

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000086401

1. Entity Name

ALPHANIMALS INC.



FILED

2007 OCT 30 AM 2:15

SECRETARY OF STATE
TREASURY FLORIDA



8/24/07 900 24 030 138-75
2nd MOORE CR2E034 (4/07)

Principal Place of Business Mailing Address
P. O. BOX 30218 P. O. BOX 30218
PALM BCH GARDENS FL 33420-0218 PALM BCH GARDENS FL 33420-0218

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
43 SAINT GEORGE PLACE SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BEACH GARDENS, FL
Zip Country Zip Country
33418 PALM BEACH

4. FEI Number Applied For
20-5141953 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
X

6. Name and Address of Current Registered Agent

WILLIS, C.W.
43 ST. GEORGE PLACE
PALM BCH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS.

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, C.W.	
STREET ADDRESS	P. O. BOX 30218	
CITY - ST - ZIP	PALM BCH GARDENS FL 33420-0218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

C.W. WILLIS DIRECTOR 08/18/07 800-503-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #