2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P06000093316

Entity Name: ALICE ALVES INC

Current Principal Place of Business:

13379 GLACIER NATIONAL DR
206
ORLANDO, FL 32837

New Principal Place of Business:

3341 WHITESTONE CIR
107
KISSIMMEE, FL 34741

Current Mailing Address:

13379 GLACIER NATIONAL DR
206
ORLANDO, FL 32837

New Mailing Address:

3341 WHITESTONE CIR
107
KISSIMMEE, FL 34741

FEI Number: 20-5230020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVES, ALICE
13379 GLACIER NATIONAL DR
206
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ALVES, ALICE
3341 WHITESTONE CIR
107
KISSIMMEE, FL 34741 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: ALICE ALVES 05/01/2008
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: P ( ) Delete
Name: ALVES, ALICE
Address: 13379 GLACIER NATIONAL DR #206
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: ALVES, ALICE
Address: 13379 GLACIER NATIONAL DR #206
City-St-Zip: ORLANDO, FL 328737

Title: T ( ) Delete
Name: ALVES, ALICE
Address: 13379 GLACIER NATIONAL DR #206
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALVES, ALICE
Address: 3341 WHITESTONE CIR APT 107
City-St-Zip: KISSIMMEE, FL 34741

Title: S (X) Change ( ) Addition
Name: ALVES, ALICE
Address: 3341 WHITESTONE CIR APT 107
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Change ( ) Addition
Name: ALVES, ALICE
Address: 3341 WHITESTONE CIR APT 107
City-St-Zip: KISSIMMEE, FL 34741

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: ALICE ALVES MRS 05/01/2008
Electronic Signature of Signing Officer or Director Date