

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000123523

Entity Name: FOAM ALONE, INC.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1160 MAHOGANY WAY  
SUITE #101  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

4010 LINDA DRIVE  
ALIQUIPPA, PA 15001 US

**New Mailing Address:**

FEI Number: 20-5612808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENTWISTLE, EVELYN  
1160 MAHOGANY WAY  
SUITE #101  
DELRAY BEACH, FL 33445 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALBERTINI, WAYNE  
Address: 263 ELMWOOD ROAD  
City-St-Zip: LUNENBURG, MA 01462 US

Title: VP  
Name: ALBERTINI, ROBERT  
Address: 1160 MAHOGANY WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: S/TR  
Name: ENTWISTLE, EVELYN  
Address: 1160 MAHOGANY WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby 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 all other like empowered.

SIGNATURE: WAYNE ALBERTINI

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date