


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 012 ***150.00

DOCUMENT # P07000135064	
1. Entity Name ALAMEX INSTALLATIONS CORP	

Principal Place of Business 1010 MEANS CT OVIEDO, FL 32765 70	Mailing Address 1010 MEANS CT OVIEDO, FL 32765 70
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2. Principal Place of Business - No P.O. Box # 1010 means ct	3. Mailing Address 1010 means ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OVIEDO FL	City & State OVIEDO FL
Zip 32765	Zip 32765
Country Seminole	Country Seminole

40109562



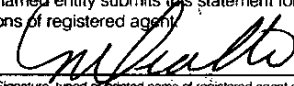
07032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-7635911	Applied For <input type="checkbox"/> Not Applicable
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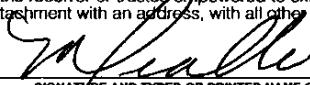
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIALLO, RICHARD 1010 MEANS CT OVIEDO, FL 32765	
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7. Name and Address of New Registered Agent Name Richard Fiallo Street Address (P.O. Box Number is Not Acceptable) 1010 means ct City oviedo FL Zip Code 32765	
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE 7/4/8

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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 P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIALLO, RICHARD		NAME Fiallo, Richard	
STREET ADDRESS 1010 MEANS CT		STREET ADDRESS 1010 means ct	
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-ZIP oviedo, FL 32765	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIALLO, MERCY		NAME Fiallo, mercy	
STREET ADDRESS 1010 MEANS CT		STREET ADDRESS 1010 means ct	
CITY-ST-ZIP OVIEDO, FL 32765		CITY-ST-ZIP OVIEDO, FL 32765	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE: 7/4/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	