

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000055287

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: ALTERNATIVE POWER LABS, INC

**Current Principal Place of Business:**

5721 NW NORTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

5721 NW NORTH MACEDO BLVD.  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 80-0433525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, JASON A  
4271 SAN MARINO BLVD  
108  
WEST PALM BEACH, FL 33409 US

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

ADAMS, JASON A  
4271 SAN MARINO BLVD  
304  
WEST PALM BEACH, FL 33409 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: JAGER, WERNER  
Address: 5721 NW NORTH MACEDO BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: P  
Name: ADAMS, JASON A  
Address: 4271 SAN MARINO BLVD #304  
City-St-Zip: WEST PALM BEACH, FL 33409 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: JASON ADAMS

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

P

04/30/2011

\_\_\_\_\_  
Date