

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000101248

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ALFORD INTERNATIONAL INC.

**Current Principal Place of Business:**

1724 OAKCREST DRIVE  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

307 WILLOW WAY  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1724 OAKCREST DRIVE  
SOUTHPORT, FL 32409

**New Mailing Address:**

307 WILLOW WAY  
LYNN HAVEN, FL 32444

**FEI Number:** 32-0299119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALFORD, HEATHER  
1724 OAKCREST DRIVE  
SOUTHPORT, FL 32409 US

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

ALFORD, HEATHER  
307 WILLOW WAY  
LYNN HAVEN, FL 32444 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: HEATHER ALFORD

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: ALFORD, HEATHER  
Address: 307 WILLOW WAY  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T/S  
Name: ALFORD, HEATHER  
Address: 307 WILLOW WAY  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DVP  
Name: ALFORD, LEE  
Address: 307 WILLOW WAY  
City-St-Zip: LYNN HAVEN, FL 32444

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: HEATHER ALFORD

D/P

03/10/2011

Electronic Signature of Signing Officer or Director

Date