

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000036402

Entity Name: ALPACADDICTION, INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3593 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3593 EDGEWOOD AVENUE  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 45-1791691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNELL, IAN  
3593 EDGEWOOD AVENUE  
FORT MYERS, FL 33916 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, S  
Name: CONNELL, IAN  
Address: 3593 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

Title: VP T  
Name: CONNELL, NICOLIE  
Address: 3593 EDGEWOOD AVENUE  
City-St-Zip: FORT MYERS, FL 33916

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: IAN CONNELL

P,S

04/16/2012

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

\_\_\_\_\_  
Date