2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2008
Secretary of State

DOCUMENT# P93000070343

Entity Name: ALEXICO, INC.

Current Principal Place of Business:

2909 US HWY 19 N
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

11417 BELLE HAVEN DR
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3205471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARQUIN, ANTONIO J
11417 BELLE HAVEN DR
NEW PORT RICHEY, FL 34654 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARQUIN, ANTONIO J PRES
Address: 11417 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete
Name: BARQUIN, HILDA VP
Address: 11417 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete
Name: BARQUIN, ALEXIS J
Address: 11417 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BARQUIN, HILDA SECTY
Address: 11417 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD (X) Change ( ) Addition
Name: BARQUIN, ALEXIS J VP
Address: 11417 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTONIO J. BARQUIN PRES 02/03/2008

Electronic Signature of Signing Officer or Director — Date