2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087763

FILED Mar 29, 2007 Secretary of State

Entity Name: THE ALEXANDER GROUP OF THE TREASURE COAST, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ERNORS WA ACH, FL 3296			
Current Mailing Address:		New Mailing Address:		
	FICE BOX 233 ACH, FL 3296			
El Number	: 65-0456934	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	ERNORS WA			
YERO BE	ACH, FL 3296	00002 00		
Γhe above	,		ourpose of changing its registere	ed office or registered agent, or both,
Γhe above	named entity of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
Γhe above n the State	named entity e of Florida. RE:			ed office or registered agent, or both, Date
The above n the State SIGNATU	named entity e of Florida. RE: Electro	submits this statement for the բ		
The above n the State BIGNATUI	named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Agragature of Registered Agragature ().	ent	
The above n the State BIGNATUI	e named entity e of Florida. RE: Electroi mpaign Financin S AND DIRECT PD (BEASLEY, W I 1198 GOVERN	submits this statement for the particle Signature of Registered Agrig Trust Fund Contribution (). ETORS:) Delete = SR	ent	Date
The above n the Status SIGNATUI SIGNATUI Care Care Care Care Care Care Care Care	e named entity e of Florida. RE: Electroi mpaign Financin S AND DIRECT PD (BEASLEY, WI 1198 GOVERN VERO BEACH,	submits this statement for the particle Signature of Registered Agric Signature of Registered Agric Strust Fund Contribution (). STORS:) Delete E SR IORS WAY FL 329633652 US) Delete ZEL C IUNT DRIVE	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: W E BEASLEY SR PD 03/29/2007