


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 013 ***150.00

DOCUMENT # P94000061458		
1. Entity Name ALU-TEK, INC.		

Principal Place of Business 13428 NW 6 DR. PLANTATION FL 33325 US	Mailing Address 13428 NW 6 DR. PLANTATION FL 33325 US
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2. Principal Place of Business 7106 SECRET ROSE	3. Mailing Address 7106 SECRET ROSE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State DOUGLASVILLE, GA	City & State DOUGLASVILLE, GA	4. FEI Number 65-0514748	Applied For <input type="checkbox"/>
Zip 30134	Country USA	Country USA	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOSCH ACCOUNTING & TAX CORPORATION 5440 NORTH STATE ROAD 7 SUITE 5 FORT LAUDERDALE FL 33319		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAN PEDRO, NANCY 13428 NW 6 DRIVE PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7106 SECRET ROSE DOUGLASVILLE, GA 30134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAN PEDRO, FELIPE 13428 NW 6 DRIVE PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7106 SECRET ROSE DOUGLASVILLE, GA 30134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- MARQUEZ, ISAAC 3885 NW 67TH WAY LAUDERHILL FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9997 Village South Drive DOUGLASVILLE, GA 30135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAN PEDRO, DIANA 13428 NW 6 DRIVE PLANTATION FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6060 South Falls circle Drive Bldg 200 #202 Lauderhill, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NANCY SAN PEDRO** **4-18-06** **(770)4895155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #