2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069595

3600 TRAIL RIDGE ROAD

MIDDLEBURG, FL 32068 US

Address: City-St-Zip:

Entity Name: ALTERATION LOCATION TAILOR SHOP, INC.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Pusiness	
Current P	rincipai Piace o	T Business:	New Principal Place o	or Business:	
1101 BLAN #120	NDING BLVD				
— –	PARK, FL 3206	5 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NDING BLVD				
#120 ORANGE	PARK, FL 3206	5 US			
FEI Number:	: 59-3275360	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PORTER, 1101 BLAN #120	DONNA A NDING BLVD				
	PARK, FL 3206	5 US			
	named entity su e of Florida.	bmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () D PORTER, DONNA 3183 GORDON S ORANGE PARK, F	Т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () D PORTER, EARL V 3183 GORDON S ORANGE PARK, F	V Т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD (X) D KIDWELL, VICTO	elete RIA L	Title: Name:	()Change ()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: EARL W PORTER TD 02/10/2007