


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P94000091699	
1. Entity Name ALTERNATIVE FINANCIAL SERVICES, INC.	

Principal Place of Business 2602 E. BUSCH BLVD. B TAMPA, FL 33612 US	Mailing Address 2602 E. BUSCH BLVD. B TAMPA, FL 33612 US
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3295432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POWANDA, KEITH
1626 FIREWHEEL DR
WESLEY CHAPEL, FL 33543

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing - <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAGORIEN, GREG 15702 MUIRFIELD DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWANDA, KEITH 1626 FIREWHEEL DR. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POWANDA, MONICA 1626 FIREWHEEL DR. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/16/07-80002-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: P. Powell 4-2-07 813-935-8677

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