


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000030738 1. Entity Name ALTERNATIVES FOR INDUSTRY, INC.	
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Principal Place of Business 2251 WHITFIELD PARK AVE SARASOTA, FL 34243	Mailing Address 2251 WHITFIELD PARK AVE SARASOTA, FL 34243
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02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0574828	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 HASKINS, HARRY W 1800 SECOND STREET SUITE 819 SARASOTA, FL 34236
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <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	VP O'NEILL, MICHAEL 5269 CREEKSIDE TRAIL SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABRAMS, KEVIN 4804 GLEN BROOKE DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIERKEN, NANCY 7317 LINKS CT SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIERKEN, ROBERT 7317 LINKS CT. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/07-80042-017 150.00

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IN THIS SPACE**

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:  **3-21-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #