

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000085864

1. Entity Name
ALIESSA INCORPORATED



Principal Place of Business

**13565 FORDWELL DR
ORLANDO, FL 32828**

Mailing Address

**13565 FORDWELL DR
ORLANDO, FL 32828**

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0790464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, LARRY M
13565 FORDWELL DR
ORLANDO, FL 32828**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, LARRY M
STREET ADDRESS	13565 FORDWELL DR
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80103-017 150.00

**DO NOT WRITE
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: Larry Price LARRY PRICE Director/PST 4/24/06 407-382-3348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #