2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000091014

1. Entity Name

Principal Place of Business

ALEXANDER DEVELOPMENT CONTRACTING, CORP.



- Mailing Address

7353 INTERNATIONAL PLACE - SUITE #307 SARASOTA, FL 34240 7353 INTERNATIONAL PLACE - SUITE #307 SARASOTA, FL 34240

FILED Mar 06, 2006 08:00 AM Secretary of State



01122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3473951

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ALEX 7353 INTERNATIONAL PLACE - SUITE #307 SARASOTA, FL 34240

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					<u> </u>
	named entity submits this statement for the pains of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signalura, typoa ox printed riante of registered agent and title	if applicable (NOTE Registered	Agent signature	required when reinstailing)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			<u> </u>		,
HTLE NAME STREET AUDRESS CHTY-ST-ZIP	P PEREZ, ROSA M 7353 INTERNATIONAL PLACE - SUITE #307 SARASOTA, FL 34240				######################################
IITLE VAME STREET ADDRESS CITY-ST-ZIP					(13) 18786-180015-1915 1915-191
NTLE VAME STREET ADDRESS CITY-ST-ZIP				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 of 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:

TITLE
NAME
STREET ACCRESS
CITY-ST-ZIP
UTLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone P