2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State
03-27-2006 90255 050 ***150.00

66008933

1st MOORE CR2E034 (10/05)

DOCUMENT # P99000002450

1. Entity Name
ALISARI INC.

Principal Place of Business	Mailing Address
209 ORANGE AVE FORT PIERCE FL 34950	209 ORANGE AVE FORT PIERCE FL 34950

2. Principal Place of Business	3. Mailing Address
209 ORANGE AVe.	209 ORANGE AV FT PIERCE FL 34950
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE FL	City & State: FT. PIERE, FL
Zip: 34950 Country: ST. LUCIE	Zip: 34950 Country: ST. LUCIE

4. FEI Number 65-0890354 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CREEL, MARIA D
1482 N. LAWNWOOD CIRCLE
BLDG 30A
FORT PIERCE FL 34-9502

7. Name and Address of New Registered Agent

Name: MARK L. CREEL
Street Address (P.O. Box Number is Not Acceptable): 1482 N. LAWNWOOD circle
BLDG 30 A
City: FORT. PIERE FL Zip Code: 34950

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: Mark Creel - President — 4-3-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREEL, MARIA D 1482 N. LAWNWOOD CIRCLE BLDG 30A FORT PIERCE FL 34950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK L CREEL 1482 N. LAWNWOOD CIR. BLD 30A FORT PIERCE FL 34950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA CREEL 1482 N. LAWNWOOD CIR. BLD 30A FORT PIERCE, FL 34950 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark C Creel — 4-03-06 — SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #