## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900004090

1. Entity Name

ALTERNATIVE TECHNOLOGIES, INC.



Principal Place of Business

% ALTERNATIVE TECHNOLOGIES, INC 3900 GALT OCEAN DRIVE # 2515 FT. LAUDERDALE, FL 33308 Mailing Address

ALTERNATIVE TECHNOLOGIES, INC 3900 GALT OCEAN DRIVE # 2515 FT. LAUDERDALE, FL 33308

## FILED Feb 17, 2006 8:00 am Secretary of State

02-17-2006 90065 021 \*\*\*150.00

**UUU-**



02092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0892584

Applied For Not Applicable

-5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WEINBERG, STEPHEN J ALTERNATIVE TECHNOLOGIES, INC 3900 GALT OCEAN DRIVE # 2515 FT. LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or regis	stered agent, or bo	th, in the State of Florida. I am fa	amiliar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: Registered A	Agent signature requ	ired when reinstating)	DATE	<del></del> -
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	· _ '	55.00 May Be added to Fees		
10. OFFICERS AND DIREC		TORS			to the second se	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, STEPHEN J 3900 GALT OCEAN DR. #2515 FT. LAUDERDALE, FL 33308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERG, JOAN 3900 GALT OCEAN DR. FT. LAUDERDALE, FL 33308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME				IN .	THIS SPACE	

12. I hereby certify that the information supplied with this filting 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

My Com

Stephen Weinberg

erg, Dir

\_\_\_\_

7/13/00 Date 1838