## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000052701

Entity Name: ALREDI PRODUCTIONS, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3764 NW 124TH AVE

CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

3764 NW 124TH AVE

CORAL SPRINGS, FL 33065 US

FEI Number: 65-0932887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROY, DAVE K

440 COLUMBIA DRIVE #300

WEST PALM BEAC, FL 33409

US

BARALDI, PATRICIA A PRES

1059 W HERITAGE CLUB CIRCLE

DELRAY BEACH, FL 334093348 US

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.

SIGNATURE: ALINA BARALDI 01/10/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

 Title:
 PD () Delete
 Title:
 PD (X) O

 Name:
 BARALDI, ALINA
 Name:
 BARALDI, ALINA

 Address:
 7888 TALAVERA PLACE
 Address:
 1059 W HERITAGE

Address: 7888 TALAVERA PLACE Address: 1059 W HERITAGE CLUB CIRCLE City-St-Zip: DELRAY BEACH, FL 33496 City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 RAFTER, WILLIAM R
 Name:
 RAFTER, WILLIAM R

 Address:
 7888 TALAVERA PLACE
 Address:
 3764 NW 124TH AVE

 City-St-Zip:
 DELRAY BEACH, FL 33496 US
 City-St-Zip:
 CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINA BARALDI PRES 01/10/2007