

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089766

Entity Name: ALCEE INDUSTRIES, INC.

FILED  
Apr 07, 2008  
Secretary of State

## Current Principal Place of Business:

REGENCY SQUARE  
500 E. SEMOLAN BLVD STE 25  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

6480 METRO WEST BLVD  
SUITE 902  
ORLANDO, FL 32835

## New Mailing Address:

8007, HORSE FERRY ROAD,  
ORLANDO, FL 32835

FEI Number: 59-3603116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEHTA, ASHWIN A  
6480 METRO WEST BLVD  
SUITE 902  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

MEHTA, ASHWIN A  
8007, HORSE FERRY ROAD,  
ORLANDO, FL 32825 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: ASHWIN MEHTA

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: MEHTA, ASHWIN A  
Address: 6480 METRO WEST BLVD SUITE 902  
City-St-Zip: ORLANDO, FL 32835

Title: DP ( ) Delete  
Name: MEHTA, J A  
Address: 6480 METRO WEST BLVD SUITE 902  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: MEHTA, ASHWIN A  
Address: 8007, HORSE FERRY ROAD,  
City-St-Zip: ORLANDO, FL 32835

Title: DP (X) Change ( ) Addition  
Name: MEHTA, J A  
Address: 8007, HORSE FERRY ROAD,  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify 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: ASHWIN MEHTA

OFFI

04/07/2008

Electronic Signature of Signing Officer or Director

Date