07/06/2006 11:26 3216765737 ACMS

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State
07-12-2006 90003 022 ***150.00

DOCUMENT # P99000100491

1. Entity Name
ALEXIE, INC.

Principal Place of Business	Mailing Address
936 E. NEW HAVEN MELBOURNE, FL 32901	936 E. NEW HAVEN MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3607899
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUEL, VALERIE
936 E. NEW HAVEN
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRUEL, VALERIE
STREET ADDRESS	936 E. NEW HAVEN
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: Valerie Bruel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400988879

#P99000104911

ALEXIE, INC
936 E New Haven Avenue
Melbourne, FL 32901

July 6th, 2004

Division of Corporation
PO Box 6227
Tallahassee, FL 32314

RE: UBR for ALEXIE, INC.

To Whom It May Concern:

Please find enclosed a check in the amount of $150.00 and information for my Uniform Business Report. I respectfully request your forbearance for my late filing, but I never received a reminder for my annual report.

I thank you for your help in this matter.

Very truly yours,

Valerie Bruel

Valerie Bruel