

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05582

FILED
Mar 18, 2008
Secretary of State

Entity Name: ALANNA VENTURES, INC.

Current Principal Place of Business:

ISLA DEL SOL
204P 6287 BAHIA DEL MAR CIRCLE
ST. PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

26 SPRUCE HILL PLACE
CONCEPTION BAY SOUTH, NL A1W5M5 XX

New Mailing Address:

26 SPRUCE HILL PLACE
CONCEPTION BAY SOUTH, NL A1W 5M5 CA

FEI Number: 59-3099691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, ALAN K DR
6287 BAHIA DEL MAR CIRCLE
UNIT 204
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFITHS, ALAN K,
Address: 204P 6287 ISLA DEL SOL
City-St-Zip: ST PETERSBURG, FL 33715 US

Title: VPS () Delete
Name: GRIFFITHS, ANNE S
Address: 204P 6287 ISLA DEL SOL
City-St-Zip: ST PETERSBURG, FL 33715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRIFFITHS, ALAN K DR
Address: 204P 6287 ISLA DEL SOL
City-St-Zip: ST PETERSBURG, FL 33715 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DR ALAN K GRIFFITHS

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date