2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUI 1. Entity Nam ALPHIMA				S S S S S S S S S S S S S S S S S S S	04-16-2007	7 90081 009 ***1	50.00	
Principal Place of Business 7840 SWISS FAIRWAYS CLERMONT, FL 34711		Mailing Address 7840 SWISS FAIRWAYS CLERMONT, FL 3471					11(23) () (62)	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-3122	323		pplied For	
Zip	Country	Zip	Country	5. Certificate of		□ \$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name and A	ddress of New P	Registered Agent		
			Name					
GRIMM, DENISE 13114 SKIING PARADISE BLVD. CLERMONT, FL 34711			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ļ			City			FL Zip Coo	ie	
	named entity submits this statement factors of registered agent	or the purpose of changing its	s registered office or regis	stered agent, or both,	in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE.	Signature, typed or purities name of registated ager	: and tilla if applicable (NO	IE. Registeren Apent signature regu	irou when romstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor		55.00 May Be added to Fees		-,		
10.	· OFFICERS AND	D DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	RS IN 11	
THE	D	☐ Delete	MUE			Change	Addition	
NAML STREET ADDRESS CITY - \$1 - 7/P	JUGLAR, PHILIPPE 13114 SKIING PARADISE BLVI CLERMONT, FL		NAME STREET ADDRESS CITY-ST-ZIP					
THEE	D	C Delete	TITLE			Change	Addition	
NAME	JUGLAR, CHRISTINE	rm nakk	NAME			, oargv	Land - Milling II	
STREET ADDRESS	13114 SKIING PARADISE BLVI	D	STHEET ADDHESS					
CITY ST-ZIP	CLERMONT, FL		CHY-ST-ZIP					
TIBLE	D	☐ Delete	HILL.			☐ Change	Addition	
NAME	SOLANGE-GRIMM, DENISE		NAME					
STRLET ADDRESS	13114 SKIING PĄRADISE BLVI	D.	STREET ADDRESS					
CHY-ST-ZIP	CLERMONT, FL		CITY- ST- ZIP					
MALE						C Change	Addition	
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STREET ADDRESS CHY-ST-ZIP THEE NAME			NAME STRLET ADDRESS CITY-ST-ZIP TITLE HAME				☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME		☐ Delete	NAME STREET ADDRESS CHY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP HILE NAME			☐ Change		
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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

V32230

GENERAL POWER OF ATTORNEY

TO ALL PERSONS, be it known, that I, PHILIPPE JUGLAN
the undersigned principal, do hereby grant a general power of attorney to
DENISE (SRIKO) as my attorney-in-fact.
My attorney-in-fact shall have full powers and authority to do and undertake all acts on my behalf that I could do personally including but not limited to the right to sell, deed, buy, trade, lease, mortgage, assign, rent or dispose of any of my future real or personal property; the right to execute, accept, undertake, and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts, depositories or safe deposit box; the right to borrow, lend, invest or reinvest funds on any terms; the right to initiate, defend, commence or settle legal actions on my behalf, the right to vote (in person or by proxy) any shares or beneficial interest in any entity; and the right to retain any accountant, attorney, physician or other advisor deemed necessary to protect my interests generally or relative to any foregoing unlimited power.
My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to ac and perform in said fiduciary capacity consistent with my best interests as in my attorneys best discretion deems advisable, and I affirm and ratify all acts undertaken,
This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney before or after my death shall have full rights to accept the authority of my attorney-in-fact until in receipt of actual notice of revocation.
Signed under seal this 30 th day of March, 2007.
STATE OF Florida COUNTY OF Lake
On 3 30 07 before me, Philippe Jugar, personally appeared personally known to me (or subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal
Signature 1h und
Affiant Known Unknown ID Produced COSSOOY + (Seal)
JODI M. BOYATT MY COMMISSION # DD 314031 EXPIRES: April 28, 2008 Bondled Thru Noterly Public Underwriters Jodi M. Boyatt Jodi M. Boyatt