

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V32230

Entity Name: ALPHIMAG, INC.

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7840 SWISS FAIRWAYS  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

7840 SWISS FAIRWAYS  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3122323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRIMM, DENISE  
13114 SKIING PARADISE BLVD.  
CLERMONT, FL 34711      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: D      ( ) Delete  
Name: JUGLAR, PHILIPPE  
Address: 13114 SKIING PARADISE BLVD.  
City-St-Zip: CLERMONT, FL

Title: D      ( ) Delete  
Name: JUGLAR, CHRISTINE  
Address: 13114 SKIING PARADISE BLVD  
City-St-Zip: CLERMONT, FL

Title: D      ( ) Delete  
Name: SOLANGE-GRIMM, DENISE  
Address: 13114 SKIING PARADISE BLVD.  
City-St-Zip: CLERMONT, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: PHILIPPE JUGLAR

D

04/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date