2000 UNIFORM BUSINESS REPOR	RT (UBR) APPROVED	
DOCUMENT # V 12922 1. Entity Name Alexanders I Ce Tech, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OC AUG -3 AM 9:59	
	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Note: Apt. #, etc. Suite, Apt. #, etc. Note: Apt. #, etc. Sity & State South Out A. Fl. Suite, Apt. #, etc. Suite, Apt. #, etc. Note: Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE Applied For Not Applicable	
34232 Country Zip 34232 C	5. Certificate of Status Desired	
Judith Christianson 1314 10th Strut Surcupota, F1. 34236	1705 Cottline Rd. N.11	
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. SIGNATURE Signature Typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)		
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 F Make Check Payable to	FEE IS \$150.00 Fee will be \$550.00 Trust Fund Contribution. Added to Fees To Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Judith Christianson Moelete NAME D.S.VP STREET ADDRESS 15855 Waterwice Rd	TITLE President, D Change Raddition NAME STREET ADDRESS CITY-ST-ZIP SOLUCIAN SUCL TITLE VICE PRESIDENT TO Change TO Addition TITLE TITLE Addition TO Change TO Addition TO Change TO Addition TO Change TO Addition	
NAME Potricia Griffin STREET ADDRESS 15855 Waterward CITY-ST-ZIP Bradenton F1.34202	NAME STREET ADDRESS CITY-ST-ZIP SCHOOLOGY, FI. 34232	
NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TAGREEN TAGREEN TAGREEN TAGREEN TAGREEN	
NAME STREET ADDRESS	NAME -08/14/000012010 STREET ADDRESS ******61.25 CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Metacological and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Date Date Date Date Date Date Date Date		