

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000085930

**Entity Name:** ALTERNATE IMAGE, INC.

**Current Principal Place of Business:**

10301 LONGWOOD DR  
LAS VEGAS, NV 89134

**Current Mailing Address:**

P.O. BOX 371627  
LAS VEGAS, NV 89137

**FEI Number:** 20-2968077

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title	PD	Title	VP
Name	HERRIN, JEFFERY M	Name	HERRIN, MICHELLE
Address	11820 AMISTOSO LANE	Address	10301 LONGWOOD DR
City-State-Zip:	LAS VEGAS NV 89138	City-State-Zip:	LAS VEGAS NV 89134

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHELLE HERRIN

**OFFICER**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date