


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90077 007 \*\*\*150.00

DOCUMENT # P05000144786

1. Entity Name  
**ALICOR VENTURES, INC.**



Principal Place of Business Mailing Address

4 SAWGRASS VILLAGE P.O. BOX 559  
 SUITE 240F PONTE VEDRA BEACH, FL 32004  
 PONTE VEDRA BEACH, FL 32082

40009610



2. Principal Place of Business, No P.O. Box # 3. Mailing Address

14 LAUREL AVE 14 LAUREL AVE  
 STONY BROOK, N.Y. STONY BROOK, N.Y.

01252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3685973 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, DOUGLAS R  
 10739 DEERWOOD PARK BOULEVARD  
 SUITE 200A  
 JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	D'ELISA, MARJORIE	
STREET ADDRESS	P.O. BOX 559	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	D'ELISA, JOHN	
STREET ADDRESS	P.O. BOX 559	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 LAUREL AVE	
STREET ADDRESS	STONY BROOK, N.Y.	
CITY-ST-ZIP	11790	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Marjorie S' Elisa MARJORIE D'ELISA 1-29-07 631-771-6108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #