

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000531

FILED
Jan 21, 2010
Secretary of State

Entity Name: ALTERNATIVE LEGAL SOLUTIONS, INC.

Current Principal Place of Business:

610 SW BROADWAY, SUITE 600
PORTLAND, OR 97205

New Principal Place of Business:

Current Mailing Address:

610 SW BROADWAY, SUITE 600
PORTLAND, OR 97205

New Mailing Address:

FEI Number: 93-1300300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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
Name: THRASHER, KENNETH
Address: 610 SW BROADWAY, SUITE 600
City-St-Zip: PORTLAND, OR 97205

Title: CDS
Name: LENEVE, LON
Address: 610 SW BROADWAY, SUITE 600
City-St-Zip: PORTLAND, OR 97205

Title: D
Name: DYESS, KIRBY
Address: 610 SW BROADWAY, SUITE 600
City-St-Zip: PORTLAND, OR 97205

Title: D
Name: POTTER, MARY JO
Address: 610 SW BROADWAY SUITE 600
City-St-Zip: PORTLAND, OR 97205

Title: DV
Name: MILLER, ROBERT J JR
Address: 610 SW BROADWAY SUITE 600
City-St-Zip: PORTLAND, OR 97205

Title: D
Name: SKILLERN, PAUL
Address: 610 SW BROADWAY SUITE 600
City-St-Zip: PORTLAND, OR 97205

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: LON LENEVE

CEO

01/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date