2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P06000156960

Entity Name: ALYCOLE INC.

Current Principal Place of Business:

6455 GATEWAY AVE.
SARASOTA, FL 34231

New Principal Place of Business:

4012 CORTEZ RD W
BRADENTON, FL 34210

Current Mailing Address:

6455 GATEWAY AVE.
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-5429152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANCITANO, TARA R
5706 CLARK ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

GANCITANO, TARA R
6455 GATEWAY AVE
SARASOTA, FL 34231 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: TARA R GANCITANO 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARSONS, WILLIAM T
Address: 5706 CLARK ROAD
City-St-Zip: SARASOTA, FL 34241 US

Title: VP ( ) Delete
Name: PARSONS, TERESA C
Address: 5706 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARSONS, WILLIAM T
Address: 6455 GATEWAY AVE
City-St-Zip: SARASOTA, FL 34231 US

Title: VP (X) Change ( ) Addition
Name: PARSONS, CHRISTOPHER T
Address: 6455 GATEWAY AVE
City-St-Zip: SARASOTA, FL 34231 US

Title: TRES ( ) Change (X) Addition
Name: PARSONS, TERESA C
Address: 6455 GATEWAY AVE
City-St-Zip: SARASOTA, FL 34231

Title: DIR ( ) Change (X) Addition
Name: PARSONS, VALERIE K
Address: 6455 GATEWAY AVE
City-St-Zip: SARASOTA, FL 34231

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: WILLIAM T PARSONS PRES 01/29/2009
Electronic Signature of Signing Officer or Director Date