## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006647

Entity Name: ALEC, INC.

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 270	ROSE BUD RD N, KY 40509					
Current Mailing Address:				New Mailing Address:		
2704 OLD ROSE BUD RD. SUITE 270 LEXINGTON, KY 40509			2704 OLD ROSE BUD RD. SUITE 270 LEXINGTON, KY 40509			
FEI Number: 62-1695076 FEI Number Applied For ( ) FEI Number			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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.						
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent	t			Date
Election Carr	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CARPENTER, CA	BUD RD SUITE 270		Title: Name: Address: City-St-Zip:	PHILLIPS, MATTI	ASS PARKWAY SUITE 107
Title: Name: Address: City-St-Zip:	PHILLIPS, MATTI	BUD RD SUITE 270		Title: Name: Address: City-St-Zip:	EDELEN, SCOTT	SS PARKWAY SUITE 107
Title: Name: Address: City-St-Zip:	EDELEN, SCOTT	BUD RD SUITE 270		Title: Name: Address: City-St-Zip:	HAYES, MARK	Change ()Addition BUD ROAD SUITE 270 40509
Title: Name: Address: City-St-Zip:	SEC () E HAYES, MARK I 2704 OLD ROSE LEXINGTON, KY	BUD RD SUITE 270		Title: Name: Address: City-St-Zip:	DIR (X) O TRONSRUE, GEO 330 289TH PLAC CARNATION, WA	E NE
Title: Name: Address: City-St-Zip:	( ) [	Delete		Title: Name: Address: City-St-Zip:	DIR () C STEENROD, WR 101 S 5TH STRE LOUISVILLE, KY	ET
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	DIR () C MCKAY, ANDY 124 N 1ST ST LOUISVILLE, KY	Change (X) Addition 40202

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: MATTHEW J PHILLIPS CEO 02/18/2008