

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 050 ***150.00

DOCUMENT # F00000006776

1. Entity Name
ALTI INC.



Principal Place of Business
1334 TIMBERLANE ROAD
SUITE 6
TALLAHASSEE, FL 32312

Mailing Address
1334 TIMBERLANE ROAD
SUITE 6
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #

3003 Summit Blvd Ste 1400 3003 Summit Blvd

Suite, Apt. #, etc.

Ste 1400

3. Mailing Address

Suite, Apt. #, etc.

Ste 1400

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30319

Country

USA

Zip

30319

Country

USA

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

51-0394025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, K. SCOTT
1334 TIMBERLANE RD
STE 6
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Matthew H. Gilbert

Street Address (P.O. Box Number is Not Acceptable)

2606 Centennial Place

City

Tallahassee

FL

Zip Code

32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME WEBSTER, KEVIN S ☒ Delete
STREET ADDRESS 1334 TIMBERLANE RD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME H. Reeves Smith
STREET ADDRESS 3003 Summit Blvd Ste 1400
CITY-ST-ZIP Atlanta, GA 30319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Donna Berger CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
Date

850-878-2444
Daytime Phone #