

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009934

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: ALLIANCE MARKETING GROUP, L.C.

## Current Principal Place of Business:

2112 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

2209 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

P. O. BOX 1615  
PONTE VEDRA BEACH, FL 32004 US

## New Mailing Address:

FEI Number: 59-3726443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKBURN, DENNIS L  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
JACKSONVILLE, FL 32256 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

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CRAFT, JOHN K PRES  
Address: 2201 SAWGRASS VILLAGE DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

## ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition  
Name: CRAFT, JOHN K  
Address: 2209 SAWGRASS VILLAGE DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: PRES ( ) Change (X) Addition  
Name: STRATTON, GERALD  
Address: PO BOX 1615  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN K. CRAFT

CEO

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date