

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37386

FILED
Apr 13, 2006
Secretary of State

Entity Name: THE ALISTER GROUP, INC.

Current Principal Place of Business:

13 E 8TH STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4382
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-2980405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOKINEN, NORMAN H
1258 GREEN VISTA CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

JOKINEN, NORMAN M
1258 GREEN VISTA CIRCLE
APOPKA, FL 32712 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: NORMAN M. JOKINEN

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOKINEN, NORMAN M.,
Address: 1575 BELFAST CT
City-St-Zip: APOPKA, FL

Title: TD () Delete
Name: HENRICKSON, CATHY J.,
Address: P O BOX 4403
City-St-Zip: APOPKA, FL 32704

Title: D () Delete
Name: JONES, F. SHELTON, J. R.
Address: 5480 PARK VALE BLVD.
City-St-Zip: WINTER PARK, FL

Title: SD () Delete
Name: JOKINEN, JULIE
Address: 1575 BELFAST CT
City-St-Zip: APOPKA, FL

Title: VD () Delete
Name: JORDAN, LEN
Address: P.O. BOX 4382
City-St-Zip: APOPKA, FL 32704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOKINEN, NORMAN M.,
Address: 1258 GREEN VISTA CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JOKINEN, JULIE
Address: 1258 GREEN VISTA CIRCLE
City-St-Zip: APOPKA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHY HENRICKSON

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04/13/2006

Electronic Signature of Signing Officer or Director

Date