

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37386

FILED
Jul 14, 2009
Secretary of State

Entity Name: THE ALISTER GROUP, INC.

Current Principal Place of Business:

12-A W 7TH STREET
APOPKA, FL 32703 US

New Principal Place of Business:

1144 LINKSIDE COURT
APOPKA, FL 32712 US

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 M
1258 GREEN VISTA CIRCLE
APOPKA, FL 32712 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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, JR.
Address: 5480 PARK VALE BLVD.
City-St-Zip: WINTER PARK, FL

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

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

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

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

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

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: CATHY HENRICKSON

TD

07/14/2009

Electronic Signature of Signing Officer or Director

_____ Date