

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54842

FILED
Jun 26, 2009
Secretary of State

Entity Name: AMERICA LEISURE PLUS, INC.

Current Principal Place of Business:

6979 TAMIAMI TR. S.
SARASOTA, FL 34231 US

New Principal Place of Business:

1843 BARBER ROAD
SARASOTA, FL 34240 US

Current Mailing Address:

6979 TAMIAMI TR. S.
SARASOTA, FL 34231 US

New Mailing Address:

1843 BARBER ROAD
SARASOTA, FL 34240 US

FEI Number: 65-0178842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELY, ROBERT
6979 TAMIAMI TR. S.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

ELY, ROBERT
1843 BARBER ROAD
SARASOTA, FL 34240 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: _____

06/26/2009

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: P () Delete
Name: ELY, ROBERT P.
Address: 6979 S. TAMIAMI TR.
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: WEBER, DAVID
Address: 6979 S. TAMIAMI TR.
City-St-Zip: SARASOTA, FL 34231

Title: VP (X) Delete
Name: STATTON, ROBERT
Address: 6979 S. TAMIAMI TR.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ELY, ROBERT P.
Address: 1843 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: VP (X) Change () Addition
Name: STATTON, BOB
Address: 1843 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

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: ROBERT ELY

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date