2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004913

FILED Jun 04, 2008 Secretary of State

Entity Name: ALTERNATIVE MOTORCYCLE CLUB INC.

Current Pri	incipal Place of Business:	New Principal Place of Business:
2206 LEE S HOLLYWO	TREET OD, FL 33020 US	
Current Mailing Address:		New Mailing Address:
2206 LEE S HOLLYWO	TREET OD, FL 33020 US	
	e with s. 607.193(2)(b), F.S., the corporation did not receive	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
MARCONI, 2206 LEE S HOLLYWO		
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.		
SIGNATUR	E:	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete MAPCONI, SONNY 2206 LEE STREET HOLLYWOOD, FL 33020	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PD () Delete BREEDEN, DEACON 2140 RAND MORGAN ROAD CORPUS CHRISTI, TX 8410	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete WARNEKE, CLAUDE 317 FRAZIER DRIVE PITTSBURGH, PA 15235	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete CANNON, ROBERT S 330 ROSS DRIVE DELRAY BEACH, FL 33445	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete CANNON, ROBERT S 330 ROSS DRIVE DELRAY BEACH, FL 33445	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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S CANNON TD 06/04/2008