2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P00000111772

Entity Name: ALLMON FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

9400 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P O BOX 1626
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3689154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASARCH, STEVEN J
1900 NW CORPORATE BLVD STE 400
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ASARCH, STEVEN J
20283 STATE RD 7
SUITE 400
BOCA RATON, FL 33498 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: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALLMON, CAROLYN M
Address: 9400 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DVPS ( ) Delete
Name: CAMPBELL, BARBARA A
Address: 301 SURF DR
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DVPT ( ) Delete
Name: CAMPBELL, LINDEN S
Address: 301 SURF DR
City-St-Zip: CAPE CANAVERAL, FL 32920

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:

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: BARBARA A. CAMPBELL DVPS 03/19/2009
Electronic Signature of Signing Officer or Director — Date