2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120328

Entity Name: ALIX DESULME & ASSOCIATES INCORPORATED

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
830 NW 13 N. MIAMI,						
Current Mailing Address:			New Mailir	New Mailing Address:		
830 NW 13 N. MIAMI,						
FEI Number	: 65-1159069	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
MIAMI, FL	33 STREET 33168 US		urnose of changing it	ts registered office or registered agent, or both,		
	e of Florida.	submits this statement for the pu	inpose of changing it	is registered office of registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ager	nt	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (DESULME, AL 830 NW 133 S MIAMI, FL 33	ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DORCELY, ES 110 NE 152 S		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V (WILSON, PAU 13131 NW 26 MIAMI, FL 33	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition ANDREW, LUCKIE VP 3221 N.W 212 ST MIAMI, FL 33056		

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: ALIX DESULME P 01/24/2008