2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P01000120328

Entity Name: ALIX DESULME & ASSOCIATES INCORPORATED

Current Principal Place of Business:

830 NW 133 ST.
N. MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

830 NW 133 ST.
N. MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-1159069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESULME, ALIX
830 NW 133 STREET
MIAMI, FL 33168 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DESULME, ALIX
Address: 830 NW 133 ST
City-St-Zip: MIAMI, FL 33168

Title: T ( ) Delete
Name: DORCELY, ESTOMENE
Address: 110 NE 152 ST
City-St-Zip: BISCAYNE GARDENS, FL 33162

Title: V ( ) Delete
Name: WILSON, PAUL V
Address: 13131 NW 26 COURT
City-St-Zip: MIAMI, FL 33167

Title: SEC ( ) Delete
Name: THADRIN, SHELTON T SECRETA
Address: 850 NW 155 LANE # 101
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: ANDREW, LUCKIE VP
Address: 3221 N.W 212 ST
City-St-Zip: MIAMI, FL 33056

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: ALIX DESULME OWNE 01/14/2009

Electronic Signature of Signing Officer or Director — Date