

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066581

Entity Name: ALIKYE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

12890 METRO PARKWAY
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

JOHN M WICKER
PO DRAWER 60205
FORT MYERS, FL 33906 US

New Mailing Address:

C/O JOHN M. WICKER, P.A.
PO DRAWER 60205
FORT MYERS, FL 33906 US

FEI Number: 16-1618277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/
12670 NEW BRITTANY BLVD, STE 101
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD, STE 101
SUITE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: KNAPP, KEVIN K
Address: 14638 ARIES WAY DR.
City-St-Zip: FORT MYERS, FL 33912

Title: PS () Delete
Name: KNAPP, LANA FAYE
Address: 14638 ARIES WAY DR.
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: KNAPP, KEVIN K
Address: 15600 OLD WEDGEWOOD COURT
City-St-Zip: FORT MYERS, FL 33908

Title: DPS (X) Change () Addition
Name: KNAPP, LANA FAYE
Address: 15600 OLD WEDGEWOOD COURT
City-St-Zip: FORT MYERS, FL 33908

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: LANA FAYE KNAPP

DPS

04/29/2009

Electronic Signature of Signing Officer or Director

Date