

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059019

FILED
Apr 28, 2008
Secretary of State

Entity Name: ALIGNMENT RESISTANCE TRAINING, INC.

Current Principal Place of Business:

5433 AIRPORT RD. N #128
NAPLES, FL 34109

New Principal Place of Business:

2430 VANDERBILT BEACH RD. STE. 108
#349
NAPLES, FL 34109

Current Mailing Address:

5433 AIRPORT RD. N #128
NAPLES, FL 34109

New Mailing Address:

2430 VANDERBILT BEACH RD. STE. 108
#349
NAPLES, FL 34109

FEI Number: 61-1454978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORBO, DEBRA M
5433 AIRPORT RD. N #128
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CORBO, DEBRA M
2430 VANDERBILT BEACH RD. STE. 108
#349
NAPLES, FL 34109 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORBO, DEBRA M
Address: 5433 AIRPORT RD. N #128
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SPLITTGERBER, DOUGLAS J
Address: 5433 AIRPORT RD. N #128
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORBO, DEBRA M
Address: 2430 VANDERBILT BEACH RD. #108, BOX 349
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: SPLITTGERBER, DOUGLAS J
Address: 2430 VANDERBILT BEACH RD. #108, BOX 349
City-St-Zip: NAPLES, FL 34109

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: DOUGLAS J SPLITTGERBER

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date