## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Mar 09, 2007 08:00 AM DOCUMENT # P04000108419 **Secretary of State** 1. Entity Name ALLEYNE G, INC. Principal Place of Business Mailing Address P.O. BOX 121438 **500 STATE RD 436** CLERMONT, FL 34712 2022 CASSELBERRY, FL 32707 No Chg-P CR2E034 (11/05) 03012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0416717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALLEYNE, GILLIAN DO NOT WRITE **500 STATE RD 436** 2022 IN THIS SPACE CASSELBERRY, FL 32707 The transfer of the second as the 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000661304 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 03/20/07-80033-022 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE P.D NAME ALLEYNE, GILLIAN STREET ADDRESS 500 STATE RD 436, STE 2022 CITY-ST-ZIP CASSELBERRY, FL 32707 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Que Note of Signing Officer or Director