


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

47. **FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90112 014 \*\*\*150.00

**DOCUMENT # P04000108419**

1. Entity Name  
**ALLEYNE G, INC**



Principal Place of Business  
**P.O. BOX 121438  
 CLERMONT, FL 34712**

Mailing Address  
**500 STATE RD 436 P.O. Box 121438  
 2022 Clermont, FL  
 CASSELBERRY, FL 32707 US  
 34712**

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0416717** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEYNE, GILLIAN  
 500 STATE RD 438  
 2022  
 CASSELBERRY, FL 32707**

**DO NOT WRITE IN THIS SPACE**

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 *Gillian Alleyne* **PRESIDENT** 6/8/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D ALLEYNE, GILLIAN 500 STATE RD 436, STE 2022 CASSELBERRY, FL 32707
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**DO NOT WRITE IN THIS SPACE**

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: *Gillian Alleyne* **PRESIDENT** 6/8/08 407-595-5352  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #