

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 035 ***150.00

DOCUMENT # P04000110774

1. Entity Name
THE ALAI GROUP, INC.



Principal Place of Business

200 W. COLLEGE AVE.
SUITE 201
TALLAHASSEE, FL 32301 US

Mailing Address

200 W. COLLEGE AVE.
SUITE 201
TALLAHASSEE, FL 32301 US

2. Principal Place of Business - No P.O. Box #

528 E. Park Ave

Suite, Apt. #, etc.

3. Mailing Address

528 E. Park Ave.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip 32301

Country US

City & State

Tallahassee, FL

Zip 32301

Country US

4. FEI Number

20-1421506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPP, SEAN D
1320 HENDRIX RD.
#508
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Sean D. Kopp

Street Address (P.O. Box Number is Not Acceptable)

810-1 St. Michael St.

City Tallahassee

FL

Zip Code 32301

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

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 P ☐ Delete
NAME KOPP, SEAN D
STREET ADDRESS 1320 HENDRIX RD. #508
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS 528 E. Park Ave
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean D. Kopp

4/18/08 (850) 894-4900

Date

Daytime Phone #