2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# P04000110948

Entity Name: ALTER BRIDGE HOLDING COMPANY, INC.

Current Principal Place of Business:

2243 CAIRNS CT.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

901 CAMPISI WAY
SUITE 205
CAMPBELL, CA 95008

New Mailing Address:

2800 OLYMPIC BLVD.
2NS FLOOR
LOS ANGELES, CA 90404

FEI Number: 20-1459892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DAVID
2243 CAIRNS CT.
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ADAIR, SCOTT
2243 CAIRNS CT.
ORLANDO, FL 32835 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: SCOTT L. ADAIR 06/29/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TREMONTI, MARK
Address: 2243 CAIRNS CT.
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete
Name: PHILLIPS, SCOTT
Address: 2243 CAIRNS CT.
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete
Name: KENNEDY, MYLES
Address: 2243 CAIRNS CT.
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete
Name: MARSHALL, BRIAN
Address: 2243 CAIRNS CT.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK TREMONTI PD 06/29/2009
Electronic Signature of Signing Officer or Director Date