2007 FOR PROFIT CORPORATION

FILED Mar 29, 2007 08:00 A Secretary of State

	ANNOA			1	1714	C C C
1. Entity Nam	MENT # P04000123 E. ALLEY, SR., INC.		Secretary of St			
OCIVIED C	7. ALLE 1, OK., INO.					
Principal Plac	ce of Business	Mailing Address		1		
	CO ACRES DR ., FL 34610	17130 PASCO ACRES DR Spring Hill, Fl 34610				
,						
						[] []
F	O NOT WOITE	IN THIS SDA	CE	02152007	No Chg-P	CR2E034 (11/05)
L	OO NOT WRITE	IN THIS SPA	ICE,	4. FEI Numbe 75-317		Applied For Not Applicable
	*			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	, m 2	200 B B 83	and the second of the second	The and apply the state of the
	AMES C SR SCO ACRES DR			DO	NOT W	RITE
	HILL, FL 34610				THIS SP	
	named entity submits this statement for	or the purpose of changing its regist	ered office or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
·	tions of registered agent.	·				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registr	ored Agent signature required	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND	DIRECTORS	-1			
TITLE NAME	D ALLEY, JAMES C SR		•			
STREET ADDRESS	17130 PASCO ACRES DR			, ,	* * *	
TITLE	SPRING HILL, FL 34610		_			893532
NAME	ALLEY, FRANCES C				04/05/07~	80053-607, 150:00
STREET ADDRESS CITY-ST-ZIP	17130 PASCO ACRES DR SPRING HILL, FL 34610			Carrier Cont		
TITLE				ī	, · P	្នាក់ ទីក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វីក្រុម ប្រជាជាធ្វើក្រុម ប្រជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វើក្រុម ប្រជាជាធ្វាធ្វិធិធិធិធិធិធិធិធិធិធិធិធិធិធិធិធិធិធិ
STREET ADDRESS			1.20 gradu d	DΩ	NOT W	
CITY-ST-ZIP					THIS SP	
NAME				III	inio or	ACE
STREET ADDRESS CITY-ST-ZIP	·		_]			
TITLE NAME					*	and the second s
STREET ADDRESS				•		A CONTRACTOR OF THE CONTRACTOR
CITY-ST-ZIP					1 P 1 1 1 4	

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Daytime Phone #