

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000149193

FILED
Nov 17, 2008
Secretary of State**Entity Name:** S&S ENTERPRISES ALLIANCE INCORPORATED**Current Principal Place of Business:**2226 WOODLAND DR
EDGEWATER, FL 32141**New Principal Place of Business:****Current Mailing Address:**1982 S.R 44
#159
NEW SMYRNA BEACH, FL 32168**New Mailing Address:****FEI Number:** 56-2483030**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANDERS, DONALD
1982 STATE RD 44 SUITE 159
NEW SMYRNA BEACH, FL 32168 US**Name and Address of New Registered Agent:**SANDERS, DONALD PRES
1982 STATE RD 44 SUITE 159
NEW SMYRNA BEACH, FL 32168 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: DON SANDERS

11/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SANDERS, DON
Address: 1982 STATE RD 44 SUITE 159
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVP () Delete
Name: SANDERS, JOYCE
Address: 1982 STATE RD 44 SUITE 159
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SANDERS, DONALD PRES
Address: 1982 STATE RD 44 SUITE 159
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SRVP (X) Change () Addition
Name: SANDERS, JOYCE SR.VP.
Address: 1982 STATE RD 44 SUITE 159
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Change (X) Addition
Name: IBARRA, LUIS VP.
Address: 2311 PINE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

Title: VP () Change (X) Addition
Name: BARKER, JOHN W VP.
Address: 2311 PINE TREE DR.
City-St-Zip: EDGEWATER, FL 32141

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: DONALD SANDERS

PRES

11/17/2008

Electronic Signature of Signing Officer or Director

Date