2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164747

Address:

City-St-Zip:

Entity Name: ALINEA MANAGEMENT CORPORATION

FILED Mar 08, 2005 Secretary of State

Littly Na	IIIE. ALINEAN	MANAGEMENT CORFORATI	ON			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6938 RIVERSEDGE ST CIR BRADENTON, FL 34202				4619 HIDDEN FOREST LANE SARASOTA, FL 34235		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
6938 RIVERSEDGE ST CIR BRADENTON, FL 34202				4619 HIDDEN FOREST LANE SARASOTA, FL 34235		
FEI Number	: 20-2006996	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2033 MAIN	ATHERINE L NST STE 600 A, FL 34237	US				
	named entity s e of Florida.	submits this statement for the	purpose of changing	ts registered offi	ce or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered A	gent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ZOLNER, DAVI 75 JUNIPER RI GILFORD, NH	DGE RD	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () ZOLNER, JUNE 6938 RIVERSE BRADENTON, I	DGE ST CIR	Title: Name: Address: City-St-Zip:	()C	hange()Addition	
Title: Name: Address: City-St-Zip:	D () ZOLNER, KEITI 1130 VILLAGIO SARASOTA, FL	CIR	Title: Name: Address: City-St-Zip:	D,P (X) C ZOLNER, KEITH I 4619 HIDDEN FO SARASOTA, FL 3	REST LANE	
Title: Name:		Delete	Title: Name:	S,T ()C	hange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: KEITH D ZOLNER P 03/08/2005

4619 HIDDEN FOREST LANE

SARASOTA, FL 34235