

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164747

FILED
Jan 06, 2006
Secretary of State

Entity Name: ALINEA MANAGEMENT CORPORATION

Current Principal Place of Business:

4619 HIDDEN FOREST LANE
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

4619 HIDDEN FOREST LANE
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 20-2006996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHERINE L
2033 MAIN ST STE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZOLNER, DAVID J
Address: 75 JUNIPER RIDGE RD
City-St-Zip: GILFORD, NH 03249

Title: D () Delete
Name: ZOLNER, JUNE L
Address: 6938 RIVERSEDGE ST CIR
City-St-Zip: BRADENTON, FL 34202

Title: D,P () Delete
Name: ZOLNER, KEITH D
Address: 4619 HIDDEN FOREST LANE
City-St-Zip: SARASOTA, FL 34235

Title: S,T () Delete
Name: STONE, ERIN E
Address: 4619 HIDDEN FOREST LANE
City-St-Zip: SARASOTA, FL 34235

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: S,T (X) Change () Addition
Name: ZOLNER, ERIN E
Address: 4619 HIDDEN FOREST LANE
City-St-Zip: SARASOTA, FL 34235

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH D ZOLNER

D,P

01/06/2006

Electronic Signature of Signing Officer or Director

Date