

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000072345

Entity Name: ALTY INVESTMENT GROUP INC

FILED
Aug 27, 2008
Secretary of State

Current Principal Place of Business:

1894 US HWY 50 E
SUITE 4-467
CARSON CITY, NE 89701

New Principal Place of Business:

Current Mailing Address:

1894 US HWY 50 E
SUITE 4-467
CARSON CITY, NE 89701

New Mailing Address:

FEI Number: 20-3424652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JM LENDING
5309 W BROWARD BLVD
206
PLANTATION, FL 33317 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ROBINSON, A
Address: 1894 US HWY 50 E, SUITE 4-467
City-St-Zip: CARSON CITY, NE 89701

Title: VP () Delete
Name: ROBINSON, T
Address: 1894 US HWY 50 E, SUITE 4-467
City-St-Zip: CARSON CITY, NE 89701

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO () Change (X) Addition
Name: REALTY PROS MANAGEME, NT SERVICES LL C
Address: 5225A W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317 US

Title: DIR () Change (X) Addition
Name: MIMI ROBINSON,
Address: 5225A W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317 US

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: MIMI ROBINSON

DIR

08/27/2008

Electronic Signature of Signing Officer or Director

Date