

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072345

Entity Name: ALTY INVESTMENT GROUP INC

FILED
Sep 10, 2009
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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: CEO () Delete
Name: REALTY PROS MANAGEMENT SERVICES LLC
Address: 5225A W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change () Addition
Name: JMOORE
Address: 5225A W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317 US

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

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

09/10/2009

Electronic Signature of Signing Officer or Director

Date