

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103590

Entity Name: ALIGNNETWORKS, INC.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

7785 BAYMEADOWS WAY  
SUITE 302  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

7785 BAYMEADOWS WAY  
SUITE 302  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 04-3821114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOFSTETTER, RONALD E  
113 NATURES WAY  
PONTE VEDRA, FL 32082 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: D ( ) Delete  
Name: QUICK, AARON  
Address: 3265 COUNTRY KNOLL DR.  
City-St-Zip: ST CHARLES, MO 63303

Title: D ( ) Delete  
Name: HOFSTETTER, RONALD E  
Address: 113 NATURES WAY  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Delete  
Name: GRATTAN, WILLIAM T  
Address: 812 BAY TREE LANE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Delete  
Name: OLSON, DAVID R  
Address: 201 SOUTH ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BCH, FL 32082

## 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: ( ) 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: DAVID OLSON

CFO

06/23/2009

Electronic Signature of Signing Officer or Director

Date