

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050383

Entity Name: ALY'S COMMUNICATIONS INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

124 VISTA LUNA DR
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 268565
WESTON, FL 333268565 US

New Mailing Address:

FEI Number: 26-1713626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLYNICE, PRICE J
14224 NE 3RD CT
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

POLYNICE, PRICE J
124 VISTA LUNA DR
WESTON, FL 33325 US

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: PRICE J. POLYNICE

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMOINE, ANNE A
Address: 14224 NE 3RD CT
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP () Delete
Name: POLYNICE, PRICE J
Address: 14224 NE 3RD CT
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP () Delete
Name: LEMOINE, MICHEL A
Address: 550 SW 181ST WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEMOINE, ANNE A
Address: PO BOX 268565
City-St-Zip: WESTON, FL 33326 US

Title: P (X) Change () Addition
Name: POLYNICE, PRICE J
Address: PO BOX 268565
City-St-Zip: WESTON, FL 33326 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: ANNE A LEMOINE-POLYNICE

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date