2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# P06000063063

Entity Name: ALTERNATIVE INJURY MANAGEMENT, INC.

Current Principal Place of Business:

4740 CLEVELAND HEIGHTS BLVD.
SUITE 1
LAKELAND, FL 33813

New Principal Place of Business:

5115 SOUTH LAKELAND DRIVE
SUITE 3
LAKELAND, FL 33813

Current Mailing Address:

4740 CLEVELAND HEIGHTS BLVD.
SUITE 1
LAKELAND, FL 33813

New Mailing Address:

5115 SOUTH LAKELAND DRIVE
SUITE 3
LAKELAND, FL 33813

FEI Number: 20-4779213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLS, DARRELL J
4740 CLEVELAND HEIGHTS BLVD.
SUITE 1
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MILLS, DARRELL J
5115 SOUTH LAKELAND DRIVE
SUITE 3
LAKELAND, FL 33813 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: DARRELL J MILLS 02/26/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MILLS, DARRELL J
Address: 4740 CLEVELAND HEIGHTS BLVD. #1
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete
Name: PENNACHIO & PENNACHI, O, INC.
Address: 215 EAST MAIN STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: MILLS, DARRELL J
Address: 5115 SOUTH LAKELAND DRIVE, SUITE 3
City-St-Zip: LAKELAND, FL 33813

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: DARRELL J MILLS V 02/26/2008
Electronic Signature of Signing Officer or Director Date