
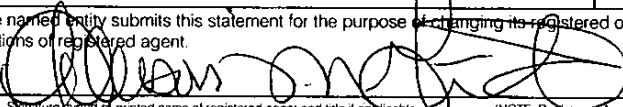
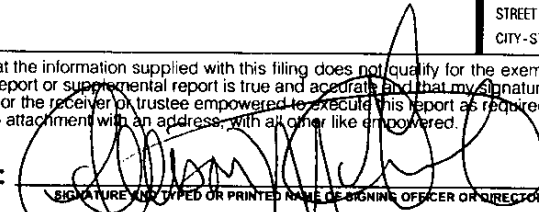


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90228 027 \*\*\*150.00

<b>DOCUMENT # P06000090283</b>					
<b>1. Entity Name</b> ALI & SONS, INC.					
<b>Principal Place of Business</b> 4811 BAY CREST DR TAMPA, FL 33615			<b>Mailing Address</b> 4811 BAY CREST DR TAMPA, FL 33615		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5078845	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WATKINS, CARL T CPA 5103 MEMORIAL HWY TAMPA, FL 33634			<b>7. Name and Address of New Registered Agent</b> Name: <u>Allison Gimbert</u> Street Address (P.O. Box Number is Not Acceptable): <u>4811 Bay Crest Drive</u> City: <u>Tampa</u> FL Zip Code: <u>33615</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: 			DATE: <u>4/29/08</u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCINNIS-GIMBERT, ALLISON <input type="checkbox"/> Delete 4811 BAY CREST DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCINNIS-GIMBERT, ALLISON <input type="checkbox"/> Delete 4811 BAY CREST DR TAMPA, FL 33615		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: 			Date: <u>4/29/08</u> Daytime Phone #: <u>317-3414</u>		