

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121767

FILED
Feb 04, 2009
Secretary of State

Entity Name: ALLIANCE MANAGEMENT TEAM INC.

Current Principal Place of Business:

7045 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

7045 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 65-1292032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLINGFORD, BARRY
7045 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLINGFORD, BARRY
Address: 7045 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: WALLINGFORD, JENA
Address: 7045 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: WALLINGFORD, ZACHARY
Address: 7045 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: WALLINGFORD, WHITNEY
Address: 7045 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DIR () Delete
Name: CREGAN, KATHY K
Address: 226 BECKY CT
City-St-Zip: MERRITT ISLAND, FL 32952

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:

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: BARRY WALLINGFORD

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date