

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121767

FILED  
Feb 17, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARRY J WALLINGFORD

P

02/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date