

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121767

FILED
Jan 09, 2012
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 WALLINGFORD

MANA

01/09/2012

Electronic Signature of Signing Officer or Director

Date