2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P07000021907

Entity Name: ANL, INC.

Current Principal Place of Business:

350 S. WICKHAM RD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

350 S. WICKHAM RD
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-8888581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE BEACH, FL 32951 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: D
Name: LEVINE, PHILIP S
Address: 400 ATLANTIC STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D
Name: ANGELINE, MARK L
Address: 670 COCOANUT GROVE AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: P
Name: ANGELINE, MARK L
Address: 670 COCOANUT GROVE AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: VP
Name: LEVINE, PHILIP S
Address: 400 ATLANTIC STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S
Name: LEVINE, PHILIP S
Address: 400 ATLANTIC STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T
Name: ANGELINE, MARK L
Address: 670 COCOANUT GROVE AVE.
City-St-Zip: WEST MELBOURNE, FL 32904

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: MARK L ANGELINE PTD 03/16/2011

Electronic Signature of Signing Officer or Director — Date