2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029230

3161 VIA DEL LAGOS

WEST PALM BEACH, FL 33409 US

Address:

City-St-Zip:

Entity Name: ALREO, INC

FILED Feb 16, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2500 N. MILITARY TRAIL SUITE 220 BOCA RATON, FL 33431				1013 NW 31ST AVENUE POMPANO BEACH, FL 33069	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
2500 N. MILITARY TRAIL SUITE 220 BOCA RATON, FL 33431				1160 SW 20TH AVENUE BOCA RATON, FL 33486	
FEI Number	: 20-8569882	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ROBERT E. O'CONNELL, P.A. 2500 NORTH MILITARY TRAIL SUITE 220 BOCA RATON, FL 33431 US			1499 W. PALMETTO SUITE 416	ROBERT E. O'CONNELL, P.A. 1499 W. PALMETTO PARK ROAD SUITE 416 BOCA RATON, FL 33486 US	
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: ROBERT E. O'CONNELL				02/16/2009	
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STEINBERG, A 3161 VIA DEL I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X O'CONNELL, R 1160 SW 20TH BOCA RATON,	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () O'CONNELL, LI 1160 SW 20 AV BOCA RATON,	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () STEINBERG. J	Delete EANNE V	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LINDA F. O'CONNELL CEO 02/16/2009