

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000046937

**FILED**  
**Oct 27, 2008**  
**Secretary of State**

**Entity Name:** ALLIANCE PARTNERSHIP GROUP, INC.

**Current Principal Place of Business:**

11956 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

11956 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 33-1153683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARMER, KAREN S  
11956 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225 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: KAREN S FARMER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARMER, KAREN  
Address: 11956 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete  
Name: YOUNG, MARIE  
Address: 16 KELLY COURT  
City-St-Zip: STORMVILLE, NE 12582 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: KAREN S FARMER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

10/27/2008

\_\_\_\_\_  
Date