2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# P08000027101

Entity Name: ALLIED SIMULATION, INC.

Current Principal Place of Business:

1410 N GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

New Principal Place of Business:

Current Mailing Address:

1410 N GOLDENROD RD
STE 4
ORLANDO, FL 32807 US

New Mailing Address:

FEI Number: 26-2160060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODA, TIFFANY D
1137 SOPHIE BLVD
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

BRODA, TIFFANY D
507 S. CHICKASAW TRAIL
#251
ORLANDO, FL, FL 32825 US

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: TIFFANY BRODA 01/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: PONDER, MICHAEL L
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

Title: VP
Name: ROLLS, MARTYN J
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

Title: S
Name: BRODA, TIFFANY D
Address: 1410 N GOLDENROD RD STE 4
City-St-Zip: ORLANDO, FL 32807 US

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: TIFFANY BRODA PRES 01/14/2011
Electronic Signature of Signing Officer or Director Date