

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062545

FILED
Apr 15, 2009
Secretary of State

Entity Name: ALLSTATE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

10806 CAPSTAN LAKE DRIVE
RIVERVIEW, FL 33579

New Principal Place of Business:

Current Mailing Address:

10806 CAPSTAN LAKE DRIVE
RIVERVIEW, FL 33579

New Mailing Address:

P.O. BOX 2356
RIVERVIEW, FL 33568

FEI Number: 26-2915156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, MARK A
10806 CAPSTAN LAKE DRIVE
RIVERVIEW, FL 33579 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMPSON, MARK A
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VP () Delete
Name: THOMPSON, MITCHELL
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: T () Delete
Name: THOMPSON, LISA L
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: S () Delete
Name: THOMPSON, LISA L
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, MITCHELL
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

Title: VP (X) Change () Addition
Name: THOMPSON, MARK A
Address: 10806 CAPSTAN LAKE DRIVE
City-St-Zip: RIVERVIEW, FL 33579

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: MARK A THOMPSON

VP

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date