2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082680

FILED Mar 16, 2009 Secretary of State

Entity Na	me: ALLENMI	CHE' DEVELOPMENT & CO, I	NC.		
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	23RD STREET DOD, FL 33023	}			
Current Mailing Address:			New Maili	New Mailing Address:	
	23RD STREET DOD, FL 33023)			
FEI Number: 94-3456200 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
4216 SW 2 HOLLYWO	I, SHERMEKA 23RD STREET DOD, FL 33023 named entity see of Florida.	S US	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU					
010147 (101		ic Signature of Registered Age	nt	 Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MCSWAIN, SHE 4216 SW 23RD HOLLYWOOD,	STREET	Title: Name: Address: City-St-Zip:	MS (X) Change () Addition MCSWAIN, SHERMEKA R PRES. 4216 SW 23RD STREET HOLLYWOOD, FL 33023 US	
Title: Name: Address: City-St-Zip:	VP () HARDEN, AYCH 3740 NW 3RD S LAUDERHILL, F	STREET	Title: Name: Address: City-St-Zip:	MS (X) Change () Addition HARDEN, AYCHA Z VP 3740 NW 3RD STREET LAUDERHILL, FL 33311 US	
Title: Name: Address: City-St-Zip:	ROBERSON, NY 7524 SW 8 STR		Title: Name: Address: City-St-Zip:	MRS (X) Change () Addition ROBERSON, NYREE MEMBER 7524 SW 8 STREET NORTH LAUDERDALE, FL 33068 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MS () Change (X) Addition DACOSTA, SHERRYL D MEMBER 4045 NW 16TH STREET LAUDERHILL, FL 33313 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MR. () Change (X) Addition MCSWAIN, JAMES A MEMBER 7711 BAGGINS ROAD HANOVER, MD 21076 US	

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: SHERMEKA R MCSWAIN **PRES** 03/16/2009