


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000089092 1. Entity Name ALEXANDER DINKELMAN, INC.	
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08 OCT 27 AM 11:09
 TREASURY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1970 BAUM ROAD TALLAHASSEE, FL 32317	Mailing Address 1970 BAUM ROAD TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 59-3408776
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6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD ST A DELTONA, FL 32725	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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10222008 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P DINKELMAN, ALEXANDER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600137328586 10/27/08--01061--006 **61.25
STREET ADDRESS	1970 BAUM ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	D BILLINGSLEY, KAYNE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1970 BAUM ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	S MCELROY, DANIEL R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1970 BAUM ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexander Dinkelman* Date: 10/22/08 Daytime Phone #: (850) 509-3678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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