

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062578

Entity Name: ALTON PARTNERS, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

220 ALHAMBRA CIRCLE
STE 400
CORAL GABLES, FL 33134

Current Mailing Address:

220 ALHAMBRA CIRCLE
STE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

7301 SW 57TH COURT
STE 515
SOUTH MIAMI, FL 33143

New Mailing Address:

7301 SW 57TH COURT
STE 515
SOUTH MIAMI, FL 33143

FEI Number: 65-0772435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRIDEN, MICHAEL E
220 ALHAMBRA CIRCLE
STE 400
CORLA GABLES, FL 33134 US

Name and Address of New Registered Agent:

CRIDEN, MICHAEL E
7301 SW 57TH COURT
SUITE 515
SOUTH MIAMI, FL 33143 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:

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRIDEN, MICHAEL E
Address: 220 ALHAMBRA CIRCLE STE 400
City-St-Zip: CORLA GABLES, FL 33134

Title: DV () Delete
Name: KATZ, TODD
Address: 220 ALHAMBRA CIRCLE STE 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CRIDEN, MICHAEL E
Address: 7301 SW 57TH COURT SUITE 515
City-St-Zip: SOUTH MIAMI, FL 33143

Title: DV (X) Change () Addition
Name: KATZ, TODD
Address: 7301 SW 57TH COURT SUITE 515
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. CRIDEN

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04/21/2006

Electronic Signature of Signing Officer or Director

Date