

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090145

Entity Name: ALMACO GROUP, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434 US

Current Mailing Address:

7777 GLADES ROAD
SUITE 110
BOCA RATON, FL 33434 US

New Principal Place of Business:

7900 GLADES ROAD
SUITE 630
BOCA RATON, FL 33434 US

New Mailing Address:

7900 GLADES ROAD
SUITE 630
BOCA RATON, FL 33434 US

FEI Number: 65-0879141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLEY, MICHAEL R ESQ.
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 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: VST () Delete
Name: GUILLAUME, FAYSSE
Address: 11131 SPRINGFIELD PLACE
City-St-Zip: COOPER CITY, FL 33026

Title: P () Delete
Name: ROBERTS, JOHAN
Address: 3267 HUNTINGTON
City-St-Zip: WESTON, FL 33332

Title: V (X) Delete
Name: HEDBERG, MIKAEL
Address: 1080 HUNTLEY WAY
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: RANTANEN, TERO
Address: 2380 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: LEHTI, EEVA
Address: 4392 RAINBOW AVENUE
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUILLAUME FAYSSE

VST

04/14/2009

Electronic Signature of Signing Officer or Director

Date