

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006986

Entity Name: ALLARI SOLUTIONS, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

## Current Mailing Address:

9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS, FL 34135

## New Mailing Address:

FEI Number: 59-3548147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADHAVAN, RAVI  
9220 BONITA BEACH ROAD  
SUITE 201  
BONITA SPRINGS, FL 34135 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: MATHIEU, JOHN R  
Address: 427 WILLETT AVE  
City-St-Zip: NAPLES, FL 34108

Title: ST ( ) Delete  
Name: MATHIEU, DIANE  
Address: 427 WILLETT AVE  
City-St-Zip: NAPLES, FL 34108

Title: MD ( ) Delete  
Name: MADHAVAN, RAVI  
Address: 34 PARKWAY RD.  
City-St-Zip: BRONXVILLE, NY 10708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MATHIEU, JOHN R  
Address: 210 LAKELAND AVENUE  
City-St-Zip: NAPLES, FL 34110

Title: ST (X) Change ( ) Addition  
Name: MATHIEU, DIANE  
Address: 210 LAKELAND AVENUE  
City-St-Zip: NAPLES, FL 34110

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: RAVI MADHAVAN

MD

01/12/2009

Electronic Signature of Signing Officer or Director

Date