

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70402

FILED
Apr 29, 2009
Secretary of State

Entity Name: AGENT ALLIANCE CORPORATION

Current Principal Place of Business:

1636 ACME ST
ORLANDO, FL 32805 US

New Principal Place of Business:

1829 GADSEN BLVD
ORLANDO, FL 32812 US

Current Mailing Address:

1636 ACME ST
ORLANDO, FL 32805 US

New Mailing Address:

1829 GADSEN BLVD
ORLANDO, FL 32812 US

FEI Number: 59-3081496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, J. LAWRENCE
1829 GADSEN AVE
ORLANDO, FL 32812 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: PD () Delete
Name: MCMILLAN, J. LAWRENCE
Address: 1829 GADSEN AVE
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: MCMILLAN, LAWRENCE J
Address: 1829 GADSEN AVE.
City-St-Zip: ORLANDO, FL

Title: S () Delete
Name: MCMILLAN, LAWRENCE J
Address: 1829 GADSEN BLVD
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: MCMILLAN, ALTON W
Address: 5415 KALMIA DR.
City-St-Zip: ORLANDO, FL 32807

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: VP (X) Change () Addition
Name: MCMILLAN, LAWRENCE J
Address: 1829 GADSEN BLVD
City-St-Zip: ORLANDO, FL 32812

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: LAWRENCE MCMILLAN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date