

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61574

FILED
Jan 27, 2006
Secretary of State

Entity Name: ALSTON MANAGEMENT, INC.

Current Principal Place of Business:

1324 S. MAIN STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

380 US 27 NORTH
SOUTH BAY, FL 33493 US

Current Mailing Address:

1324 S. MAIN STREET
BELLE GLADE, FL 33430 US

New Mailing Address:

380 US 27 NORTH
SOUTH BAY, FL 33493 US

FEI Number: 65-0364131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSTON, CALVIN D.
1324 S MAIN ST
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

ALSTON, CALVIN D.
380 US 27 NORTH
SOUTH BAY, FL 33493 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:

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALSTON, CALVIN D.,
Address: 1324 S MAIN ST
City-St-Zip: BELLE GLADE, FL

Title: VPD (X) Delete
Name: HILL H.E.,
Address: 1324 S MAIN ST
City-St-Zip: BELLE GLADE, FL

Title: S () Delete
Name: MILLER, MONA L
Address: 1324 S MAIN ST
City-St-Zip: BELLE GLADE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALSTON, CALVIN D
Address: 380 US 27 NORTH
City-St-Zip: SOUTH BAY, FL 33493

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

Title: S (X) Change () Addition
Name: MILLER, MONA L
Address: 380 US 27 NORTH
City-St-Zip: SOUTH BAY, FL 33493

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: CALVIN D. ALSTON

PD

01/27/2006

Electronic Signature of Signing Officer or Director

Date