

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000740

FILED  
Feb 23, 2006  
Secretary of State

Entity Name: AALP, INC.

**Current Principal Place of Business:**

55 CAMBRIDGE PARKWAY  
SUITE 200  
CAMBRIDGE, MA 02142

**New Principal Place of Business:**

**Current Mailing Address:**

55 CAMBRIDGE PARKWAY  
SUITE 200  
CAMBRIDGE, MA 02142

**New Mailing Address:**

FEI Number: 04-3156474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PT ( ) Delete  
Name: GLINSKI, PAUL  
Address: 5 BIRDSALL LANE  
City-St-Zip: ATKINSON, NH 03811

Title: S ( ) Delete  
Name: MATZKIN, JOSEPH H  
Address: 101 ARCH STREET, 9TH FLOOR  
City-St-Zip: BOSTON, MA 02110

Title: D ( ) Delete  
Name: O'DONNELL, JOSEPH  
Address: 15 CLAIREMONT RD.  
City-St-Zip: BELMONT, MA 02178

Title: D ( ) Delete  
Name: NEWELL, MATTHEW  
Address: 545 BOYLSTON ST.  
City-St-Zip: BOSTON, MA 02116

**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:

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: PAUL GLINSKI

PT

02/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date