

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000757

FILED
Feb 22, 2007
Secretary of State

Entity Name: ALLIANCE ENTERPRISES OF WASHINGTON, INC.

Current Principal Place of Business:

2625 WILLAMETTE DRIVE NE
LACEY, WA 98516

New Principal Place of Business:

Current Mailing Address:

2625 WILLAMETTE DRIVE NE
LACEY, WA 98516

New Mailing Address:

FEI Number: 91-1150276 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: PCST () Delete
Name: GIFFORD, LISA
Address: 5421 PENINSULA DR. SE
City-St-Zip: OLYMPIA, WA 98513

Title: DV () Delete
Name: GIFFORD, RICHARD
Address: 5421 PENINSULA DR. SE
City-St-Zip: OLYMPIA, WA 98513

Title: D () Delete
Name: COUSINEAU, LEE
Address: 5421 PENINSULA DR. SE
City-St-Zip: OLYMPIA, WA 98513

Title: D (X) Delete
Name: COUSINEAU, SHERRY
Address: 5421 PENINSULA DR. SE
City-St-Zip: OLYMPIA, WA 98513

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: LISA GIFFORD/SS

Electronic Signature of Signing Officer or Director

PRES

02/22/2007

Date