


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005974

1. Entity Name
 ALLSTATE MANAGEMENT CORP.



Principal Place of Business
 4300 HADDONFIELD RD., STE. 314
 PENNSAUKEN, NJ 08109

Mailing Address
 4300 HADDONFIELD RD., STE. 314
 PENNSAUKEN, NJ 08109



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 22-2194844

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ.
 239 E. VIRGINIA ST.
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE 07/25/06-80008-005 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ZALKIND, STEVEN
STREET ADDRESS	PO BOX 755
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	S
NAME	ROSE, CHARLINE
STREET ADDRESS	10 AARON CT.
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	T
NAME	BORUCKI, STANLEY E
STREET ADDRESS	18 CAROL JOY RD.
CITY-ST-ZIP	MEDFORD, NJ 08055
TITLE	CDP
NAME	LOVE, DONALD N
STREET ADDRESS	1141 BARBARA DR.
CITY-ST-ZIP	CHERRY HILL, NJ 08003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

DATE: 7/18/06 (15)

DAYTIME PHONE #: 602-4759