

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005974

FILED
Jan 15, 2008
Secretary of State

Entity Name: ALLSTATE MANAGEMENT CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 22-2194844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 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: VD () Delete
Name: ZALKIND, STEVEN
Address: PO BOX 755
City-St-Zip: BOCA GRANDE, FL 33921

Title: S () Delete
Name: ROSE, CHARLINE
Address: 10 AARON CT.
City-St-Zip: CHERRY HILL, NJ 08002

Title: T () Delete
Name: BORUCKI, STANLEY E
Address: 18 CAROL JOY RD.
City-St-Zip: MEDFORD, NJ 08055

Title: CDP () Delete
Name: LOVE, DONALD N
Address: 1141 BARBARA DR.
City-St-Zip: CHERRY HILL, NJ 08003

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 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: CHARLINE ROSE

SEC.

01/15/2008

Electronic Signature of Signing Officer or Director

Date