


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # H49731 1. Entity Name A.L. INVESTMENT ASSOCIATES INC. |  |
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|--|--|
| Principal Place of Business C/O RAINES & FISCHER 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017 US | Mailing Address C/O RAINES & FISCHER 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2545157 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPENCER, S A
251 CRANDON BLVD., #164
KEY BISCAVNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U0000074414E
05/15/07-80137-003 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD GENGER, ARIE 2600 ISLAND BLVD, APT 1705 KEY BISCAVNE, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT FISCHER, WILLIAM L 535 FIFTH AVE 25TH FLOOR NEW YORK, NY 10017 |
| 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: William L Fischer **WILLIAM L. FISCHER** 4/24/07 212-953-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #