

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99964

FILED
Apr 24, 2007
Secretary of State

Entity Name: ALLIANCE RISK SERVICES CORP.

Current Principal Place of Business:

2801 E EMPIRE ST.
P.O. BOX 157
BLOOMINGTON, IL 617020157 US

New Principal Place of Business:

2801 E EMPIRE ST.
BLOOMINGTON, IL 617020157 US

Current Mailing Address:

ATTN ROBERT MATHEWSON
P.O. BOX 157
BLOOMINGTON, IL 617020157 US

New Mailing Address:

FEI Number: 37-1239085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: BLISS, JAMES
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: EVPD () Delete
Name: MCKNIGHT, JOHN
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VPST () Delete
Name: MATHEWSON, ROBERT
Address: 2801 E EMPIRE STREET
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: LUDWIG, RACHELLE
Address: 2801 E. EMPIRE STREET
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: NAYLOR, DAN
Address: 2801 E EMPIRE
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: SHEPARD, ROBERT
Address: 2801 EAST EMPIRE
City-St-Zip: BLOOMINGTON, IL 61704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SCD (X) Change () Addition
Name: BLISS, JAMES
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: PD (X) Change () Addition
Name: MCKNIGHT, JOHN
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

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: ROBERT MATHEWSON

VPST

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date