


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000081600

1. Entity Name
ALLIANCE REALTY OF THE TREASURE COAST, INC.



Principal Place of Business
**6656 S FED HWY
PORT SAINT LUCIE, FL 34952**

Mailing Address
**P O BOX 880533
PORT SAINT LUCIE, FL 34988**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1038244	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

**HOUGH, GEORGE B JR
729 S FEDERAL HWY, STE 222
STUART, FL 34994**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

DATE: **03/09/06-80045-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIANCHINI, WENDY 5438 NW SCEPTER DRIVE PORT SAINT LUCIE, FL 34983
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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: *Wendy Bianchini, President* 2-24-06 772-429-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WENDY BIANCHINI, PRESIDENT