


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000116174</b>	
1. Entity Name THE ADVISORS ALLIANCE, INC.	

Principal Place of Business 4613 N UNIVERSITY DR SUITE 237 CORAL SPRINGS, FL 33067 US	Mailing Address 4613 N UNIVERSITY DR SUITE 237 CORAL SPRINGS, FL 33067 US
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05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0557695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOMBROW, ALLAN B  
4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067

**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) 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

000000758623  
05/24/07-80011-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOMBROW, ALLAN B 4613 N UNIVERSITY DR #237 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREL DE AREVALO, YINI 9496 BOCA RIVER CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREL DE AREVALO, YINI 9496 BOCA RIVER CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Allan Dombrow* 4/30/07 954-777-0252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #