2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P04000152929

Entity Name: ALLIANCE PROPANE, INC.

Current Principal Place of Business:

385 ORTIZ AVE.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

9963 COUNTRY OAKS DR.
FT. MYERS, FL 33912

New Mailing Address:

385 ORTIZ AVE.
FT. MYERS, FL 33905

FEI Number: 55-0889522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABA, SUSIE R
9963 COUNTRY OAKS DR.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

SABA, SUSIE R
385 ORTIZ AVE.
FT. MYERS, FL 33905 US

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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SABA, SUSIE R
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

Title: VP ( ) Delete
Name: SABA, JOHN M
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

Title: T ( ) Delete
Name: SABA, JOHN M
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

Title: S ( ) Delete
Name: SABA, SUSIE R
Address: 9963 COUNTRY OAKS DR.
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SABA, SUSIE R
Address: 385 ORTIZ AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: VP (X) Change ( ) Addition
Name: SABA, JOHN M
Address: 385 ORTIZ AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: T (X) Change ( ) Addition
Name: SABA, SUSIE R
Address: 385 ORTIZ AVE.
City-St-Zip: FT. MYERS, FL 33905

Title: S (X) Change ( ) Addition
Name: SABA, SUSIE R
Address: 385 ORTIZ AVE.
City-St-Zip: FT. MYERS, FL 33905

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: JOHN M. SABA VP 04/29/2008
Electronic Signature of Signing Officer or Director — Date