

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000103

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE ALERIANT CORPORATION

Current Principal Place of Business:

6700 N ANDREWS DRIVE SUITE #600
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6700 N ANDREWS DRIVE SUITE #600
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 51-0532248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSES, JOSEPH
1800 S.W. 27TH AVE SUITE #501
MIAMI, FL 33145 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: DP () Delete
Name: CHAVES, WALTER
Address: 6700 N ANDREWS DRIVE SUITE #600
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VPD () Delete
Name: PERLIN, ALVIN
Address: 6700 N ANDREWS DRIVE SUITE #600
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD () Delete
Name: MONTOYA, ANDRES
Address: 6700 N ANDREWS DRIVE SUITE #600
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD () Delete
Name: HERNANDEZ, CARLOS
Address: 6700 N ANDREWS DRIVE SUITE #600
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAVEZ, WALTER
Address: 6700 N ANDREWS DRIVE SUITE #600
City-St-Zip: FORT LAUDERDALE, FL 33309

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: WALTER CHAVEZ

_____ Electronic Signature of Signing Officer or Director

DP

04/27/2006

_____ Date