2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90017 001 ***150.00

DOCUMENT # P06000086601

1. Entity Name
ALLIANCE ADVERTISING, INC.

Principal Place of Business	Mailing Address
680 WEST INDUSTRIAL AVE, #4 BOYNTON BCH, FL 33426	680 WEST INDUSTRIAL AVE, #4 BOYNTON BCH, FL 33426

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5152096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YOHE, MARK D
680 WEST INDUSTRIAL AVE, #4
BOYNTON BCH, FL 33426

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~D~~ →	☐ Delete	TITLE	P T ☒ Change ☐ Addition
NAME	MCCRAY, MICHAEL J		NAME	
STREET ADDRESS	~~680 WEST INDUSTRIAL AVE, #4~~ →		STREET ADDRESS	2626 PEACHTREE RD NW 607
CITY-ST-ZIP	~~BOYNTON BCH, FL 33426~~ →		CITY-ST-ZIP	ATLANTA GA 30305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] MICHAEL McCRAY - PRESIDENT- 1/21/07 (561) 271-5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #