

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000137837

FILED
Mar 19, 2007
Secretary of State

Entity Name: ALLIANCE SHIPPING GROUP, INC.

Current Principal Place of Business:

1047 TUPELO WAY
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268086
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-5814337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRULLON, IVED
1047 TUPELO WAY
WESTON, FL 33327 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRULLON, IVED
Address: 1047 TUPELO WAY
City-St-Zip: WESTON, FL 33327 US

Title: T () Delete
Name: GRULLON, IVED
Address: 1047 TUPELO WAY
City-St-Zip: WESTON, FL 33327 US

Title: S () Delete
Name: GRULLON, IVED
Address: 1047 TUPELO WAY
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IVED GRULLON

P

03/19/2007

Electronic Signature of Signing Officer or Director

Date