


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 033 ***150.00

DOCUMENT # P99000002263

1. Entity Name
ALTON ADVISORS, INC.



Principal Place of Business Mailing Address

**155 SOUTH MIAMI AVENUE
PH-2A
MIAMI, FL 33131**

**155 SOUTH MIAMI AVENUE
PH-2A
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

333 S. Miami Avenue **333 S. Miami Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 150 **Suite 150**

City & State City & State

Miami, FL **Miami, FL**

Zip Country Zip Country

33130 **USA** **33130** **USA**

40000000



03092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0890466 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIRLIN, DANIEL
155 S MIAMI AVENUE
PH 2A
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **Sirlin, Daniel**

Street Address (P.O. Box Number is Not Acceptable) **333 S. Miami Avenue
Suite 150**

City **Miami** State **FL** Zip Code **33130**

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 _____ (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIRLIN, DANIEL	
STREET ADDRESS	155 SOUTH MIAMI AVENUE PH-2A	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRINSKY, JEFF	
STREET ADDRESS	155 S MIAMI AVE, PH2A	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sirlin, Daniel	
STREET ADDRESS	333 S. Miami Ave. Ste. #150	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krinsky, Jeff	
STREET ADDRESS	333 S. Miami Avenue, Ste. #150	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **Date** 4.21.07 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR