


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000049232**  
 1. Entity Name  
**ALLISON HOLDINGS, INC.**



Principal Place of Business  
**3427 NORTH MOORINGS WAY**  
**COCONUT GROVE, FL 33133**

Mailing Address  
**3427 NORTH MOORINGS WAY**  
**COCONUT GROVE, FL 33133**

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0923515**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERMONT, PETER L**  
**3427 NORTH MOORINGS WAY**  
**COCONUT GROVE, FL 33133**

**DO NOT WRITE IN THIS SPACE**

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, 2008 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
NAME	BERMONT, PETER L
STREET ADDRESS	3427 NORTH MOORINGS WAY
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000804108  
 02/05/08-80055-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **PETER L. BERMONT** 1/26/08 305 446 6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #