2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED **DOCUMENT # 418522** Jan 24, 2007 08:00 AM 1. Entity Namo Secretary of State ALLAN'S ALLEY, INC. Principal Place of Business Mailing Address 3430 E. BAY DR. LARGO FL 33771-1929 3430 E. BAY DR. LARGO FL 33771-1929 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1593372 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENT, ALLAN Street Address (P.O. Box Number is Not Acceptable) 3430 E. BAY DR. LARGO FL 33771-1929 City 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 tide if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change THE Delete 3111 KENT, ALLAN NAME NAME U00000601813 01/26/07-80063-019 150.00 3430 E. BAY DR. STREET ADDRESS. SHIELD ADDRESS LARGO, FL 00000 CHY-SI 7IP CITY SI ZIP HIEF ☐ Defete ☐ Addition FIRST Change KENT, LIBBY NAME NA SE 3430 E. BAY DR. SIDEL LADDRESS STREET ADDRESS LARGO FL CITY ST ZIP CUTY SI 70° HHI Delete IIIIE Change Addition NAME NAMI STREET ADDRESS SHREET ADDRESS CHY SI-78 CHY SE 78P IHLE ☐ Delete IIIIF ☐ Change ☐ Addition MARG NAM STREET ADDRESS SIDELL ADDRESS CHY-S1-ZIP CITY ST ZIP Detete 11111 11111 ☐ Change ■ Addition NAM NAME SIRLE LADDRESS SHREET ADDRESS CITY ST ZIP CHY SEZIP ☐ Delete HILE THE ☐ Change Addition 🔲 NAM NAME STREET ADDRESS STREET ADDRESS CITY-SI ZIP CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19. Florida Statutes, I further certify that the information indicated on this report or supplier part is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or fusion 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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEMOR DIRECTOR

1-22-07 (020)531-341