2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 677739

Entity Name: DUPONT ALLIANCE CORPORATION

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
28050 US H	HWY 19 NORTH	1				
SUITE 400 CLEARWA	TER, FL 33761	US				
Current Mailing Address:			ı	New Mailing Address:		
28050 US HWY 19 NORTH SUITE 400 CLEARWATER, FL 33761 US						
FEI Number:	59-2041772	FEI Number Applied For ()	FEI Numb	per Not Appl	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Ad					Address of I	New Registered Agent:
DUPONT ALLIANCE LLC 28050 US HWY 19 NORTH SUITE 400 CLEARWATER, FL 33761 US				JAMES KOUTSOUBOS 28050 US HWY 19 NORTH SUITE 400 CLEARWATER, FL 33761 US		
The above in the State		bmits this statement for the pu	irpose of	changing it	ts registered o	office or registered agent, or both,
SIGNATURE: DUPONT ALLIANCE				05/05/2008		
	Electronic	Signature of Registered Ager	nt			Date
Election Carr	paign Financing T	rust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADD				ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VMRB () D VERDI, JOSEPH I 28050 US HWY 1 CLEARWATER, F	P 9 NORTH #400	N A	Fitle: Name: Address: City-St-Zip:	AVIS, RICHARI	Y 19 NORTH #400
Title: Name: Address: City-St-Zip:	VRBD () D METZLER, HARR 28050 US HWY 1 CLEARWATER, F	IETTE B 9 NORTH, #400	N A	Γitle: Name: Address: City-St-Zip:	CICUREL, ROI	Y 19 NORTH, #400
Title: Name: Address: City-St-Zip:	CEO () D JOHN, CONDO 28050 US HWY 1 CLEARWATER, F	9 NORTH, #400	N A	Fitle: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	VSTM () D JAMES, KOUTSO 28050 US HWY 1 CLEARWATER, F	UBOS D 9 NORTH, #400	N #	Fitle: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () D IOANNIS, KOUTS 28050 US HWY 1 CLEARWATER, F	OUBOS 9 NORTH, #400	N #	Fitle: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address:	EVPD () D GEORGIADIS, ER 28050 US HWY 1	RIC DR. 9 NORTH	N A	Fitle: Name: Address:	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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: JAMES KOUTSOUBOS RA 05/05/2008