## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 854635** 

FILED Jan 15, 2007 Secretary of State

Entity Na	me: R. W. ALI	LEN AND ASSOCIATES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	HLAND AVE. A, GA 30904						
Current Mailing Address:			New Mailing Address:				
PO BOX 3 AUGUSTA	925 A, GA 30914						
FEI Number	: 58-1277101	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired (	X)	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PI	ORATION SYS NE ISLAND RO ION, FL 33324	DAD	1865 WES SUITE A	GOODYEAR, TOMMY C 1865 WEST BROAD STREET SUITE A ATHENS, FL 30606 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or	both,	
SIGNATU	RE: TOMMY	GOODYEAR		01/15/2007			
	Electron	ic Signature of Registered Age	ent		Date		
Election Car	mpaign Financing	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () ALLEN, RICHAF 2237 PICKENS AUGUSTA, GA		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () ALLEN, ROBIN 2237 PICKENS AUGUSTA, GA		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () CLARK, SCOTT 714 COVE SPR MARTINEZ, GA	INGS DR	Title: Name: Address: City-St-Zip:	VP (X CLARK, SCOT 714 COVE SPI MARTINEZ, GA	RINGS DR		
Title:	CFO ()	Delete	Title:	(	) Change ()Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CONNIE M. MELEAR **CFO** 01/15/2007

MELEAR, CONNIE M

EVANS, GA 30809

4262 WATERSTON CTYD

Name:

Address:

City-St-Zip: