

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001795

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** ALLIED INTERNATIONAL CREDIT CORP., (US)

**Current Principal Place of Business:**

2222-2228 WEST NORTHERN AVE  
SUITE B202  
PHOENIX, AZ 85021

**New Principal Place of Business:**

**Current Mailing Address:**

2222-2228 WEST NORTHERN AVE  
SUITE B202  
PHOENIX, AZ 85021

**New Mailing Address:**

**FEI Number:** 86-0976934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEXIS NEXIS DOCUMENT SOLUTIONS INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: RAE, DAVID  
Address: 2222-2228 WEST NORTHERN AVE, STE B202  
City-St-Zip: PHOENIX, AZ 85021

Title: VTD ( ) Delete  
Name: GALLAGHER, DAVID  
Address: 2222-2228 WEST NORTHERN AVE, STE B202  
City-St-Zip: PHOENIX, AZ 85021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID RAE

PSD

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date