2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F03000001343

Entity Name: ALLIANCE INVESTIGATIONS INC.

Current Principal Place of Business:

1609 E. SHOTWELL STREET
SUITE B
BAINBRIDGE, GA 39819

New Principal Place of Business:

1609 E. SHOTWELL STREET
SUITE B
BAINBRIDGE, GA 39818

Current Mailing Address:

P.O. BOX 1451
BAINBRIDGE, GA 39818

New Mailing Address:

FEI Number: 13-4206336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, DARRELL
1206 WALDEN ROAD
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

COX, DARRELL
1000 CARTERS COURT
BAINBRIDGE, FL 39818 US

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: 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: COX, DARRELL D
Address: 1026 BOXWOOD DR.
City-St-Zip: BAINBRIDGE, GA 39819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COX, DARRELL D
Address: 1000 CARTERS COURT
City-St-Zip: BAINBRIDGE, GA 39819

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: DARRELL D. COX PRES 01/14/2009
Electronic Signature of Signing Officer or Director — Date