9/4/2007-90039-025-\$550.00-\$550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

AMORE ILI OILI						n FILED			
DOCUMENT # F0600007083 1. Entity Name ALLIANCE AMERICA CORPORATION						07 SEP	'21 PH 2: iAnt OF ST	ATE	
Principal Place	e of Business		}	- FALLAN	IASSEE, FLO	RIDA			
Principal Place of Business Mailing Address 7602 WOODLAND DRIVE 7602 WOODLAND DRIVE					· .				
SUITE 100 SUITE 100			VL.						
INDIANAPOLIS, IN 46268 INDIANAPOLIS, IN 4			260	•	: {.				
ווועשווארטנוט, ווו פטבסס וווועשווארטנוט, ווו פטבסס					1 (00) (00) (01)	ING MICH MICH MING CHI	u de rn odin i den dorni relev	LUMOVIII II IFFN	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	F, etc.	Suite, Apt. #, etc.		08292007	Chg-P	CR2E034 (12/08)		
City & State		City & State		4. FEI Number	41-206	——————————————————————————————————————	Applied For Not Applicable		
Zip	Country	Zip				Status Desired	See Requir		
	6. Name and Address of Current	Registered Agent		 	7. Name and A	ddress of New R	egistered Agent		
			Name				• [
INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470				Street Address (P.O. Box Number is Not Acceptable)					
: .				City E Zip Code					
				City			FL Zip Co	~~	
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. (am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FILE NOWILE FEE IS \$550.00 9. Election Campaign Financing \$5,00 May Be Due by September 14, 2007 9. Election Campaign Financing \$5,00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTO	RS IN 11	
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	and the interesting and th	h ship filing store and assets of			d in Chapter 115	Elaulda Etabas 1	huther andife that the	leto-petics	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee ampowered 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 attachylent with an address with all other like empowered.									
SIGNATURE Dechack h. tolles (144 29,07									