

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000315

FILED
Mar 04, 2008
Secretary of State

Entity Name: TRALLIANCE CORPORATION

Current Principal Place of Business:

110 E BROWARD BOULEVARD
SUITE 1400
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

110 E BROWARD BOULEVARD
SUITE 1400
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 01-0584229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
SUITE 221E
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: EGAN, MICHAEL S
Address: 110 E BROWARD BOULEVARD, SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: CESPEDES, EDWARD A CEO
Address: 110 E BROWARD BOULEVARD, SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P (X) Delete
Name: ANDRUFF, RONALD
Address: 220 FIFTH AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10001

Title: VPST (X) Delete
Name: MATHAI, CHERIAN
Address: 220 FIFTH AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPTS (X) Change () Addition
Name: CESPEDES, EDWARD A CEO
Address: 110 E BROWARD BOULEVARD, SUITE 1400
City-St-Zip: FORT LAUDERDALE, FL 33301

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: EDWARD A CESPEDES

DPTS

03/04/2008

Electronic Signature of Signing Officer or Director

Date