

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006166

FILED
Apr 22, 2008
Secretary of State

Entity Name: PARTNERS ALLIANCE CORPORATION

Current Principal Place of Business:

13939 POWAY ROAD #9
POWAY, CA 92064

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1630
POWAY, CA 920741630

New Mailing Address:

FEI Number: 20-3116947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: GASKIN, HELEN
Address: 21800 OXNARD STREET #745
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D () Delete
Name: SHERMAN, MICHAEL
Address: 21800 OXNARD STREET #745
City-St-Zip: WOODLAND HILLS, CA 91367

Title: P () Delete
Name: FLETCHER, JASON
Address: 13939 POWAY ROAD #9
City-St-Zip: POWAY, CA 92064

Title: S () Delete
Name: FLETCHER, VICKI
Address: 13939 POWAY ROAD #9
City-St-Zip: POWAY, CA 92064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JASON FLETCHER

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date