

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006166

FILED  
Jan 04, 2011  
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 92074

**New Mailing Address:**

PO BOX 1630  
POWAY, CA 92074

**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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GASKIN, HELEN  
Address: 21800 OXNARD STREET #745  
City-St-Zip: WOODLAND HILLS, CA 91367

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

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

Title: S  
Name: FLETCHER, JASON  
Address: 13939 POWAY ROAD #9  
City-St-Zip: POWAY, CA 92064

I hereby 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 all other like empowered.

SIGNATURE: JASON FLETCHER

P

01/04/2011

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

\_\_\_\_\_  
Date