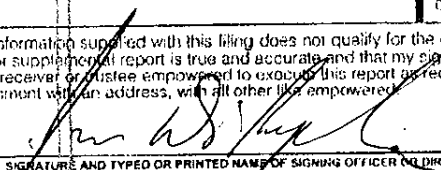


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90014 015 ***150.00

DOCUMENT # F98000000525 1. Entity Name ALLIANCE GROUP SERVICES, INC.					
Principal Place of Business 1221 POST ROAD EAST WESTPORT, CT 06880			Mailing Address 135 NORTH CHURCH ST SUITE 4 KALAMAZOO, MI 49007		
2. Principal Place of Business - Not P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 107 W Michigan Ave 4th Fl Suite, Apt. #, etc.			
City & State Zip		City & State Kalamazoo MI Zip 49007		4. FEI Number 06-1502829	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, EDWIN F 810 THOMASVILLE ROAD TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when removing.) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DI PASQUALE, JESS 1221 POST ROAD EAST WESTPORT, CT 06880 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLDEN, STUART D 1221 POST ROAD EAST WESTPORT, CT ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition 06880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLOFKN, CAROL CFO 1221 POST RD EAST WESTPORT, CT 06880 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered 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 attachment with an address, with all other like empowered.					
SIGNATURE: 			Jess DiPasquale		203-221-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Day Month Year