

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000145

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE ALLIANCE FOUNDATION FOR HOUSING AND HEALTH CARE, INC.

Current Principal Place of Business:

10387 MAIN ST
SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

10387 MAIN ST
SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 54-1710348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BRIAN M ESQ.
11309 COUNTRYWAY BOULEVARD
SUITE 105
TAMPA, FL 33626 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 () Delete
Name: CLAPP, ROBERT L
Address: 10387 MAIN STREET, STE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D P () Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET, STE 200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: LEE, THOMAS K
Address: 10387 MAIN ST
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: CWIEK, WILLIAM W
Address: 10387 MAIN ST
City-St-Zip: FAIRFAX, VA 22030

Title: S () Delete
Name: PURDUM, JIM S
Address: 10387 MAIN ST
City-St-Zip: FAIRFAX, VA 22030

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P HOSTLER

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date