2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# K90065

Entity Name: ALLIED INVESTORS, INC.

Current Principal Place of Business:

ALLIED INVESTORS, INC.
1966 WINDWARD WAY
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

ALLIED INVESTORS, INC.
1966 WINDWARD WAY
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 59-3001375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, JEANNE MARIE
1736 N.W. FORK RD.
STUART, FL 34994 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: PD ( ) Delete
Name: MASTELLONE, C B
Address: 1966 WINDWARD WAY
City-St-Zip: VERO BEACH, FL 32963

Title: O/D ( ) Delete
Name: MASTELLONE, JEANNE MARIE
Address: 1736 N.W. FORK RD.
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: MASTELLONE, JAMES
Address: 824 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: MASTELLONE, PAMELA
Address: 1966 WINDWARD WAY
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: MASTELLONE, PETER A II
Address: 995-48TH AVE
City-St-Zip: VERO BEACH, FL 32963

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 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: C.B.MASTELLONE PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date