

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L10181

FILED
Oct 07, 2008
Secretary of State

Entity Name: ALLIANCE ENTERPRISES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4691 S ORANGE BLOSSOM TR
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

4691 S. ORANGE BLOSSOM TR
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-2969540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNINO, KATHLEEN
14900 S. ORANGE BLOSSOM TR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

PENNINO, KATHLEEN
4695 S. ORANGE BLOSSOM TR
KISSIMMEE, FL 34746 US

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: KATHLEEN PENNINO

10/07/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PENNINO, KATHLEEN
Address: 14900 S ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 34746

Title: SECR () Delete
Name: WALL, RAY L SECR
Address: 3223 LIVE OAK LANE
City-St-Zip: STILLWATER, OK 74075 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALL, RAY L
Address: 3223 LIVE OAK LANE
City-St-Zip: STILLWATER, OK 74075

Title: SECR (X) Change () Addition
Name: PENNINO, KATHLEEN L
Address: 4695 S. ORANGE BLOSSOM TRL
City-St-Zip: KISSIMMEE, FL 34746 US

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: RAY L. WALL

P

10/07/2008

Electronic Signature of Signing Officer or Director

Date