2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001959

Entity Name: ALLIANCE SERVICES, LLC

695 POWDER SPRINGS ST.

MARIETTA, GA 30064

Address:

City-St-Zip:

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 695 POWDER SPRINGS STREET MARIETTA, GA 30064 **Current Mailing Address: New Mailing Address:** 695 POWDER SPRINGS STREET MARIETTA, GA 30064 FEI Number: 04-3644589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete EISENHOWER, MIKE Name: Name: 695 POWDER SPRINGS STREET Address: Address: City-St-Zip: MARIETTA, GA 30064 City-St-Zip: Title: MEM Title: MGRM (X) Change () Addition () Delete Name: SANTOMERO, CAMILLO M III Name: SANTOMERO, CAMILLO M III Address: 695 POWDER SPRINGS STREET Address: 695 POWDER SPRINGS STREET City-St-Zip: MARIETTA, GA 30064 City-St-Zip: MARIETTA, GA 30064 Title: MEM () Delete Title: MGRM (X) Change () Addition HOFFMAN, ARNOLD S HOFFMAN, ARNOLD S Name: Name: 695 POWDER SPRINGS STREET 695 POWDER SPRINGS STREET Address: Address: City-St-Zip: MARIETTA, GA 30064 City-St-Zip: MARIETTA, GA 30064 () Delete Title: MGR Title: () Change () Addition VAN SCYOC, JEROLD L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: JEROLD VAN SCYOC MGR 03/16/2005