

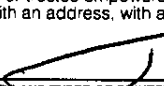


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000003925</b> 1. Entity Name <b>ALLIANCE FOR HUMAN SERVICES, INC.</b>					
Principal Place of Business <b>3250 SW THIRD AVE. 6TH FLOOR MIAMI, FL 33129 US</b>			Mailing Address <b>3250 SW THIRD AVE. 6TH FLOOR MIAMI, FL 33129 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-1018081</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUCHBINDER, MARK 5104 SW 72 AVE. MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent  Name: - Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;">  <b>Make check payable to Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FINNIE, BRYAN K</b> <input type="checkbox"/> Delete <b>1175 NE 125 STREET</b> <b>NORTH MIAMI, FL 33161</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000619028</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>02/08/07-80055-003 61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RAYMOND, DAVID</b> <input type="checkbox"/> Delete <b>111 NW 1 ST, 27TH FLR.</b> <b>MIAMI, FL 33128</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST <b>METELLUS, GEPSIE</b> <input type="checkbox"/> Delete <b>5000 BISCAYNE BLVD., ST.110</b> <b>MIAMI, FL 32137</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <b>BUCHBINDER, MARK</b> <input type="checkbox"/> Delete <b>5104 SW 72 AVE.</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.					
<b>SIGNATURE:</b>  <b>MARK BUCHBINDER</b> <span style="float: right;">1/29/07 305-646-7138</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					