


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 037 \*\*\*\*61.25

DOCUMENT # <i>N000000003925</i>	
1. Entity Name <i>Alliance for Human Services, Inc.</i>	

**DO NOT WRITE IN THIS SPACE**

**40104314**

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box # <i>3250 SW Third Avenue</i>	3. Mailing Address <i>3250 SW Third Avenue</i>
Suite, Apt. #, etc. <i>Sixth Floor</i>	Suite, Apt. #, etc. <i>Sixth Floor</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33129</i>	Country <i>USA</i>

4. FEI Number <i>65-1018081</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Mark Buchbinder</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5104 SW 72 Avenue</i>	
City <i>Miami</i>	Zip Code <i>FL 33155</i>

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.

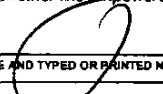
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chair Metellus, Bapsie 5000 Biscayne Blvd., 31.110 Miami, FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-Chair Torres, Evelio 2555 Ponce de Leon, 5th Floor Coral Gables, FL 33134</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary/Treasurer Raymond, David 111 NW 1st, 27th Floor Miami, FL 33128</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President/CEO Buchbinder Mark 5104 SW 72 Avenue Miami, FL 33155</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  *MARK BUCHBINDER* 5/11/08 305-646-7138