2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006145

FILED Feb 05, 2007 Secretary of State

Entity Name: THE ALLIANCE FOR EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1911 NW 40TH COURT POMPANO BEACH, FL 33064 **Current Mailing Address: New Mailing Address:** 1911 NW 40TH COURT POMPANO BEACH, FL 33064 FEI Number: 65-1042013 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: LYNNE K. HENNESSEY, P.A. RABIN, MOSHE Y 95 NE 6TH AVENUE 2898 NW 95 AVE DELRAY BEACH, FL 33483 CORAL SPRINGS, FL 33065 US 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: MOSHE RABIN 02/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WEINSTEIN, PHILLIP Name: Name: 2482 N. STATE RD. 7 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: Title: () Delete () Change () Addition Name: POLLACK, JAY Name: Address: 3430 NW 21ST ST. Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition ZALMAN BUKIÉT, RABBI Name: Name: Address: 9205 TIVOLI PLACE Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MALKA, ALBERT Name: Address: 8617 NW 49TH DR. Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition REINGOLD, BRUCE Name: Name: 21830 CYPRESS PALM COURT Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: () Delete Title: () Change () Addition RABIN, MOSHE Name: Name: Address: 2898 NW 95TH AVENUE Address: CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSHE RABIN P 02/05/2007