

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003777

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE ALLIANCE FOR CULTURAL COMPOSERS, INC.

Current Principal Place of Business:

7588 STOCKTON TERRACE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:
7588 STOCKTON TERRACE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 13-4246821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCH, REUBEN M
7588 STOCKTON TERRACE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HOCH, REUBEN M
Address: 7588 STOCKTON TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: VD () Delete
Name: GOLDBERG, SHARON
Address: 7098 NW 111TH TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: SD () Delete
Name: HOCH, NORI L
Address: 7588 STOCKTON TERRACE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: MACDONNELL, JUSTIN
Address: 1717 N BAYSHORE DRIVE # 4042
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: ZELLON, RICHIE
Address: PO BOX 546782
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: LIPPINCOTT, TOM
Address: 1861 N FEDERAL HWY # 168
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REUBEN M HOCH

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date