2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N08000002354

Entity Name: ALLIANCE COMMUNITY AND EMPLOYMENT SERVICES, INC.

Current Principal Place of Business:

6600 NW 27 AVE., #8
MIAMI, FL 33147

New Principal Place of Business:

6600 NW 27 AVE
SUITE W-105
MIAMI, FL 33147

Current Mailing Address:

6600 NW 27 AVE., #8
MIAMI, FL 33147

New Mailing Address:

6600 NW 27 AVE
SUITE W-105
MIAMI, FL 33147

FEI Number: 26-2241189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON, LIXON
6600 NW 27 AVE., #8
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

NELSON, LIXON
6600 NW 27 AVE
SUITE W-105
MIAMI, FL 33147 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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: VIERA, JO GRAHAM
Address: 6600 NW 27 AVE., #8
City-St-Zip: MIAMI, FL 33147

Title: DV ( ) Delete
Name: NELSON, LIXON
Address: 6600 NW 27 AVE., #8
City-St-Zip: MIAMI, FL 33147

Title: DT ( ) Delete
Name: ROGERS, MARTHA
Address: 6600 NW 27 AVE., #8
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LIXON, NELSON
Address: 6600 NW 27 AVE SUITE W-105
City-St-Zip: MIAMI, FL 33147

Title: DV (X) Change ( ) Addition
Name: LUNCER, NELSON
Address: 6600 NW 27 AVE., SUITE W-105
City-St-Zip: MIAMI, FL 33147

Title: DT (X) Change ( ) Addition
Name: ANDREA, NUGENT
Address: 6600 NW 27 AVE SUITE W-105
City-St-Zip: MIAMI, FL 33147

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: LIXON NELSON DP 02/26/2009
Electronic Signature of Signing Officer or Director — Date