
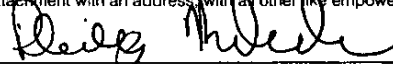


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90087 008 \*\*\*\*61.25

<b>DOCUMENT # N15307</b> 1. Entity Name <b>ALOMA CENTER EAST, INC.</b>					
Principal Place of Business <b>7208 ALOMA AVE SUITE 100-600 WINTER PARK, FL 32792 US</b>				Mailing Address <b>178 VERONA DR POINCIANA, FL 34759 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>936 W. HERON CIRCLE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WINTER HAVEN, FL</b>		4. FEI Number <b>59-2871479</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33884</b>		<b>US</b>		02262007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>KROMBACH, PHILIP 178 VERONA D POINCIANA, FL 34759</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>936 W. HERON CIRCLE</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>	
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) DATE</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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KROMBACH, PHILIP 178 VERONA DR POINCIANA, FL 34759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>936 W. HERON CIRCLE WINTER HAVEN, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROMBACH, MARILYN 178 VERONA DR POINCIANA, FL 34759	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>936 W. HERON CIRCLE WINTER HAVEN, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JOHN V P.A. 213 S. SWOOPE AVE MAITLAND, FL 32751	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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>PHILIP KROMBACH</b>		<b>2/27/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PRESIDENT</b>		<b>863-318-9243</b>	
<small>DATE</small>		<small>DAYTIME PHONE #</small>			