

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000001656

1. Entity Name
THE ALLIANCE FOR AFFORDABLE HOUSING INC.



Principal Place of Business
1205 W. FLETCHER AVENUE
SUITE C
TAMPA, FL 33612 US

Mailing Address
1205 W. FLETCHER AVENUE
SUITE C
TAMPA, FL 33612 US

2. Principal Place of Business - No P.O. Box #

N/A

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 49255

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

ST. PETERSBURG, FL

Zip

33618

Country

US

Zip

33743-9255

Country

US

6. Name and Address of Current Registered Agent

MORINA, MICHAEL J
14502 N DALE MABRY HWY
SUITE 200
TAMPA, FL 33618

Name *MORINA, MICHAEL J.*

Street Address (P.O. Box Number is Not Acceptable)

11714 PLUMOSA ROAD

City *TAMPA*

FL

Zip Code *33618*

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 *MICHAEL J. MORINA*

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL J. MORINA, PRESIDENT

1/12/2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *pp*
NAME MORINA, MICHAEL J
STREET ADDRESS 14502 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33618

Delete

TITLE *S/T/P*
NAME MORINA, MICHAEL J.
STREET ADDRESS 11714 PLUMOSA RD.
CITY-ST-ZIP TAMPA, FL 33618

Change

Addition

TITLE DS
NAME ROOD, RENEE
STREET ADDRESS 2201 FEATHER SOUND DR
CITY-ST-ZIP CLEARWATER, FL 33762

Delete

TITLE D
NAME LESTER II, WILLIAM A.
STREET ADDRESS 17605 MEADOWBRIDGE DR.
CITY-ST-ZIP LUTZ, FL 33549

Change

Addition

TITLE D
NAME LOVELL, TROY
STREET ADDRESS 5822 24TH STREET EAST
CITY-ST-ZIP BRADENTON, FL 34203

Delete

TITLE D
NAME LOVELL, TROY
STREET ADDRESS 2307 OAKHURST CT.
CITY-ST-ZIP BRANDON, FL 33594

Change

Addition

TITLE D
NAME KASCHYK, BRUCE
STREET ADDRESS 2210 CLIMBING IVY DRIVE
CITY-ST-ZIP TAMPA, FL 33618

Delete

TITLE D
NAME PFOST, JOHN P
STREET ADDRESS 11601 CARROLLWOOD DR.
CITY-ST-ZIP TAMPA, FL 33618

Change

Addition

TITLE D
NAME BAMBERY, DAVID
STREET ADDRESS 19621 WOODLAND MANOR PL.
CITY-ST-ZIP LUTZ, FL 33549

Delete

TITLE D
NAME BAMBERY, DAVID
STREET ADDRESS 19621 WOODLAND MANOR PL.
CITY-ST-ZIP LUTZ, FL 33549

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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.

MICHAEL J. MORINA, PRESIDENT

SIGNATURE: *MICHAEL J. MORINA Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2007

Date

813-215-6880

Daytime Phone #



60002642

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 033 ****70.00