2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000001656

Entity Name: THE ALLIANCE FOR AFFORDABLE HOUSING INC.

Current Principal Place of Business:

11714 PLUMOSA RD
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

11714 PLUMOSA RD
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3182246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORINA, MICHAEL J
11714 PLUMOSA ROAD
TAMPA, FL 33618 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:	STP	( ) Delete
Name:	MORINA, MICHAEL J	
Address:	11714 PLUMOSA RD	
City-St-Zip:	TAMPA, FL 33618 US	
Title:	D	( ) Delete
Name:	LESTER, WILLIAM A III	
Address:	17605 MEADOWBRIDGE DR	
City-St-Zip:	LUTZ, FL 33549 US	
Title:	D	( ) Delete
Name:	LOVELL, TROY	
Address:	2307 OAKHURST CT	
City-St-Zip:	BRANDON, FL 33594 US	
Title:	D	( ) Delete
Name:	PFOST, JOHN P	
Address:	11601 CARROLLWOOD DR	
City-St-Zip:	TAMPA, FL 33618 US	
Title:	DT	( ) Delete
Name:	BAMBERRY, DAVID	
Address:	19621 WOODLAND MANOR PL.	
City-St-Zip:	LUTZ, FL 33549 US	

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
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: MICHAEL J. MORINA STP 04/29/2009

Electronic Signature of Signing Officer or Director — Date