

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089747

Entity Name: ALLIANC CORP.

FILED
Jul 17, 2008
Secretary of State

Current Principal Place of Business:

PAVILLON CHRISTOFLE
5375 TAMiami TRAIL NORTH, SUITE 3
NAPLES, FL 34108

New Principal Place of Business:

ALLIANC
4786 WEST BLVD
NAPLES, FL 34103

Current Mailing Address:

PAVILLON CHRISTOFLE
5375 TAMiami TRAIL NORTH, SUITE 3
NAPLES, FL 34108

New Mailing Address:

ALLIANC
4786 WEST BLVD
NAPLES, FL 34103

FEI Number: 59-3671635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANIPELLE, SUSAN
5375 TAMiami TRAIL NORTH
SUITE 3
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CANIPELLE, SUSAN L MRS
4786 WEST BLVD
NAPLES, FL 34103 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: SUSAN CANIPELLE

07/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANIPELLE, SUSAN
Address: 35, RUE SINGER
City-St-Zip: 75016, PARIS FRANCE,

Title: ST (X) Delete
Name: CANIPELLE, SUSAN
Address: 35, RUE SINGER
City-St-Zip: 75016, PARIS FRANCE,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CANIPELLE, SUSAN L MRS
Address: 4786 WEST BLVD
City-St-Zip: NAPLES, FL 34103

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

SIGNATURE: SUSAN CANIPELLE

P

07/17/2008

Electronic Signature of Signing Officer or Director

Date