.2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # P01000082032 05-04-2006 90231 004 ***150.00 1. Entity Name ALLSTATE DISTRIBUTORS, INC. Principal Place of Business Mailing Address 2500 E HALLANDALE BEACH BLVD STE 707 2500 E HALLANDALE BEACH BLVD STE 707 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 185 NW 125 AV C 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) suit City & State 4. FEI Number Applied For Pembrole Pines 65-1148693 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEGALL, SANDY 2500 E HALLANDALE BEACH BLVD STE 707 HALLANDALE FL 33009 Suite 300 Pembrole Pines 8. The above named entity submits his 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 abent lea Signature, typed or painted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME SEGALL, E M NAME 2500 E. HALLANDALE BLVD STE 707 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP STVP TITLE ☐ Delete TITLE Change Addition NAME SEGALL, SANDY NAME STREET ADDRESS 2500 E. HALLANDALE BLVD STE 707 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 607, 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED