


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000082032 1. Entity Name ALLSTATE DISTRIBUTORS, INC. |  |
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| Principal Place of Business 1851 NW 125 AVE SUITE 300 PEMBROKE PINES, FL 33028 | Mailing Address 2500 E HALLANDALE BEACH BLVD STE 707 HALLANDALE, FL 33009 |
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04042007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1148693 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SEGALL, SANDY 1851 NW 125 AVE SUITE 300 PEMBROKE PINES, FL 33028 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SEGALL, E M 2500 E. HALLANDALE BLVD STE 707 HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STVP SEGALL, SANDY 2500 E. HALLANDALE BLVD STE 707 HALLANDALE, FL 33009 |
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| <p>U000000699999 04/19/07-80064-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 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.

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| SIGNATURE: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>4/5/07</u> <small>Date</small> | <small>Daytime Phone #</small> |
|---|--------------------------------------|--------------------------------|