## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000082032

Entity Name: ALLSTATE DISTRIBUTORS, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1806 N. FLAMINGO RD.

1806 N. FLAMINGO RD.

SUITE 300 SUITE 300

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

1806 N. FLAMINGO RD.

SUITE 300

1806 N FLAMINGO ROAD SUITE 300

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33027

FEI Number: 65-1148693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEGALL, SANDY

1851 NW 125 AVE

1806 N FLAMINGO ROAD
SUITE 300

SUITE 300 SUITE 300
PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33027 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: EM SEGALL 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: SEGALL, E M Name: SEGALL, E M

 Address:
 1806 N. FLAMINGO RD. SUITE 300
 Address:
 1806 N. FLAMINGO RD. SUITE 300

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 PEMBROKE PINES, FL 33027

Title: STVP ( ) Delete Title: STVP (X) Change ( ) Addition

Name: SEGALL, SANDY Name: SEGALL, SANDY

Address: 1806 N. FLAMINGO RD. SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33028
Address: 1806 N. FLAMINGO RD. SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33027

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: SANDY SEGALL S 04/30/2008