2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P01000082032

Entity Name: ALLSTATE DISTRIBUTORS, INC.

Current Principal Place of Business:

1806 N. FLAMINGO RD.
SUITE 300
PEMBROKE PINES, FL 33028

New Principal Place of Business:

1806 N. FLAMINGO RD.
SUITE 300
PEMBROKE PINES, FL 33027

Current Mailing Address:

1806 N. FLAMINGO RD.
SUITE 300
PEMBROKE PINES, FL 33028

New Mailing Address:

1806 N FLAMINGO ROAD
SUITE 300
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:

SEGALL, SANDY
1851 NW 125 AVE
SUITE 300
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

SEGALL, SANDY
1806 N FLAMINGO ROAD
SUITE 300
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:

Title: PD ( ) Delete
Name: SEGALL, E M
Address: 1806 N. FLAMINGO RD. SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STVP ( ) Delete
Name: SEGALL, SANDY
Address: 1806 N. FLAMINGO RD. SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEGALL, E M
Address: 1806 N. FLAMINGO RD. SUITE 300
City-St-Zip: PEMBROKE PINES, FL 33027

Title: STVP (X) Change ( ) Addition
Name: SEGALL, SANDY
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
Electronic Signature of Signing Officer or Director Date