

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 008 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**


DOCUMENT # **P01000117177**
 1. Entity Name
ALLIANCE INSTITUTE, INC. ✓

666585

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3933 PALLADIUM CLUB ROAD		3. Mailing Address		4. FEI Number 800021740		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Boynton Beach, FL		City & State SAME		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip 33436	County USA	Zip	County			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name KEITH R. FINGERHUT	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

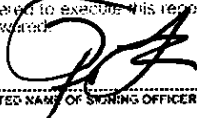
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  **KEITH R. FINGERHUT** DATE **4-26-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME KEITH R. FINGERHUT	TITLE	NAME
STREET ADDRESS 3933 PALLADIUM CLUB ROAD	CITY-ST-ZIP BOYNTON BEACH, FL 33436	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **KEITH FINGERHUT, PRESIDENT** DATE **4/26/02**
 561-602-2165

CR2EG34B (12/01)