

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078448

Entity Name: ALL ALLIANCE INSURANCE, INC.

FILED
Mar 18, 2004
Secretary of State

Current Principal Place of Business:

515 N SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

515 N SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 03-0475567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, DAVID
1727 TEALBRIER AVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CASTILLO, DAVID
Address: 1727 TEALBRIER AVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID CASTILLO

PRES

03/18/2004

Electronic Signature of Signing Officer or Director

Date