2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000104591

Entity Name: ALLSTATE INVESTMENT GROUP, INC.

Current Principal Place of Business:

18142 SW 97 AVE
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

18142 SW 97 AVE
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AJABSHIR, SOHEILA
930 HIALEAH DR
#9
HIALEAH, FL 33010 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: D ( ) Delete
Name: AJABSHIR, SOHEILA
Address: 17891 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: AJABSHIR, MIKE
Address: 17891 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AJABSHIR, SOHEILA
Address: P.O.BOX 432565
City-St-Zip: S.MIAMI, FL 33243

Title: D (X) Change ( ) Addition
Name: AJABSHIR, MIKE
Address: P.O.BOX 432565
City-St-Zip: S.MIAMI, FL 33243

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: MIKE AJABSHIR D 04/27/2005

Electronic Signature of Signing Officer or Director — Date