2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116174

City-St-Zip:

Entity Name: THE ADVISORS ALLIANCE, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4613 N UNIVERSITY DR SUITE 237 CORAL SPRINGS, FL 33067 US **New Mailing Address: Current Mailing Address:** 4613 N UNIVERSITY DR SUITE 237 CORAL SPRINGS, FL 33067 US FEI Number: 05-0557695 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: DOMBROW, ALLAN B 4613 N UNIVERSITY DR SUITE 237 CORAL SPRINGS, FL 33067 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: (X) Change () Addition DOMBROW, ALLAN B DOMBROW, ALLAN B Name: Name: 4613 N UNIVERSITY DR #237 4613 N UNIVERSITY DR #237 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 FL City-St-Zip: CORAL SPRINGS, FL 33067 FL Title: VΡ Title: () Delete () Change () Addition Name: PEREL DE AREVALO, YINI Name: 9496 BOCA RIVER CIRCLE Address: Address: BOCA RATON, FL 33434 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition PEREL DE AREVALO, YINI Name: Name: 9496 BOCA RIVER CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33434 US City-St-Zip: Title: () Delete Title: **VPDT** () Change (X) Addition JIMENEZ, CESAR Name: Name: Address: Address: 4613 NORTH UNIVERSITY DRIVE # 237

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.

City-St-Zip:

CORAL SPRINGS, FL 33067 US

SIGNATURE: ALLAN B. DOMBROW P 04/30/2008