

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000131910

1. Entity Name
 17TH STREET ALLIANCE MANAGEMENT CORPORATION



Principal Place of Business
 1800 SE 17TH ST
 STE 800
 OCALA, FL 3371

Mailing Address
 1800 SE 17TH ST
 STE 800
 OCALA, FL 3371



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **33-1035633** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHAN, ANWAR A
 1800 SE 17TH ST
 SUITE 800
 OCALA, FL 34471

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | KHAN, ANWAR A |
| STREET ADDRESS | 1800 SE 17TH ST STE 800 |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | VP |
| NAME | TE, JESSIE D |
| STREET ADDRESS | 1800 SE 17TH ST STE 800 |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | S |
| NAME | KANG, MYEONG W |
| STREET ADDRESS | 1800 SE 17TH ST STE 800 |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 02/28/06-80004-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *[Signature]* _____ *2/15/06*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #