2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

DOCUMENT # P02000131910 Jan 25, 2007 08:00 AN 1. Entity Namo **Secretary of State** 17TH STREET ALLIANCE MANAGEMENT CORPORATION Principal Place of Business Mailing Address 1800 SE 17TH ST 1800 SE 17TH ST **STE 800 STE 800** OCALA FL 3371 OCALA FL 3371 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 33-1035633 Not Applicable Zio Country Ζip Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHAN, ANWAR A Street Address (P.O. Box Number is Not Acceptable) 1800 SE 17TH ST SUITE 800 OCALA FL 34471 City 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 Signature, typen or printed name or registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 11111 ☐ Delete IIIIE ☐ Change 🔲 Addition KHAN, ANWAR A NAM NAM U000000603588 1800 SE 17TH ST STE 800 STREET ADDRESS SIRELL ADDRESS 01/29/07-80018-023 150.00 OCALA FL 34471 CITY-SE 78P CHY SEZIP VP ☐ Change ☐ Addition IIILE ☐ Defete 1133 TE, JESSIE D NAMI NAME 1800 SE 17TH ST STE 800 STREET ADDRESS STREET ADDOCESS CHY ST ZIP OCALA FL 34471 CUY ST ZIP ☐ Defete ☐ Addition 1884.8 TITLE Change KANG, MYEONG W NALI NAMI 1800 SE 17TH ST STE 800 SINFE! ADDRESS STREET ADDITESS OCALA FL 34471 CHY ST /IP CHY SI ZIP Delete IME ☐ Change ☐ Addition IHHE NAME NAME SIRELI ADDRESS STREET ADDRESS CITY SI-ZIP GHY SI-7IP ШЕ ☐ Delete 1331 Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST 785 CHY SI-789 ME ☐ Delete THE ☐ Change ☐ Addilion NAM NAMI STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CHY ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davima Phone #