

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132041

FILED
Jul 15, 2008
Secretary of State

Entity Name: ALLEGIANCE PROPERTIES 1, INC.

Current Principal Place of Business:

201 NORTH SUNSET DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

6701 DAIRY ROAD
ZEPHYR HILLS, FL 33542

Current Mailing Address:

201 NORTH SUNSET DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

6701 DAIRY ROAD
CASSELBERRY, FL 33542

FEI Number: 45-0504450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEGIANCE SENIOR CARE, INC.
6701 DAIRY ROAD
ZEPHYRHILLS, FL 33542 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: KLINOWSKI, JR, JOHN G DIRECTO
Address: 829 EASTWOOD DRIVE
City-St-Zip: GOLDEN, CO 80401

Title: PRES () Delete
Name: KLINOWSKI JR, JOHN G MR
Address: 829 EASTWOOD DRIVE
City-St-Zip: GOLDEN, CO 80401

Title: SEC () Delete
Name: KLINOWSKI, DOUGLAS M MR
Address: 6701 DAIRY ROAD
City-St-Zip: ZEPHYR HILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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.

SIGNATURE: JOHN G. KLINOWSKI JR

PRES

07/15/2008

Electronic Signature of Signing Officer or Director

_____ Date