2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000007939

1. Entity Name ALLIANCE AUTO GROUP, INC.



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

PENINSULA EXECUTIVE CENTER 2385 EXECUTIVE CENTER DRIVE., STE 100 BOCA RATON, FL 33431 Mailing Address

PENINSULA EXECUTIVE CENTER 2385 EXECUTIVE CENTER DRIVE., STE 100 BOCA RATON, FL 33431



02222006

No Chg-P

CR2E034 (11/05)

4. FEI Number 26-0061953 Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

_	 	 	
	d Address		

CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139

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			IN THIS SPACE						
 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 wills, and accept the obligations of registered agent. 									
SIGNATURE.	Signature, typed or printed name of registered agent and title to	applicable. (NOTE: Registered	Agent signature	। (कटोत्मं बद्ध स्थाना । क्यान्त्रां साम्	DATE				
		Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZPP	D MUSGRAVE, ANGELA 7118 IVY CROSSING LANE BOYNTON BEACH, FL 39436								
TITLE MAME STREET ADDRESS CITY-ST-ZIP					#00000449 76 7 03/09/86 800 70-00 2 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS GRY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CUTY-ST-BP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ·							
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions comtained 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 attackment with an address, with all other like empowered.									

ING OFFICER OR DIRECTOR