2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# P03000051518

Entity Name: THE ALLIANCE OF HIBISCUS HEIGHTS, INC.

Current Principal Place of Business:

2765 N.W. 164 ST.
OPALOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2765 N.W. 164 ST.
OPALOCKA, FL 33054

New Mailing Address:

FEI Number: 05-0572612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, MAXINE
2765 N.W. 164 ST
OPALOCKA, FL, FL 33054 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROBINSON-ISAACS, MAXINE
Address: 2765 N. W. 164 ST
City-St-Zip: OPALOCKA, FL 33054

Title: CEO ( ) Delete
Name: ROBINSON-ISAACS, MAXINE
Address: 2765 N.W. 164 ST.
City-St-Zip: OPALOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAXINE ROBINSON-ISAACS PRES 01/25/2008

Electronic Signature of Signing Officer or Director Date