2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2006 8:00 am Secretary of State **DOCUMENT # P03000076386** 01-26-2006 90030 040 ***150.00 ALLIÁNCE TRUST, INC. Principal Place of Business Mailing Address 152 NE 167TH ST SUITE 403 152 NE 167TH ST SUITE 403 U 0 U U U M V U MIAMI, FL 33162 MIAMI, FL 33162 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2376710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIVIL TRIAL PRACTICE, PA DO NOT WRITE 152 NE 167 ST #300 : IN THIS SPACE MIAMI, FL 33162 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Fredrick Goodman PD TIT1 F WEINSTEIN, EDWARD S NAME 152 NE 167TH ST SUITE 403 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED RE ME OF SIGNING OFFICER OR DIRECTOR

FILED