2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 14, 2008 08:00 AM **DOCUMENT # P03000076386 Secretary of State** ALLIANCE TRUST, INC. Mailing Address Principal Place of Business 152 NE 167TH ST SUITE 500 152 NE 167TH ST SUITE 500 MIAMI, FL 33162 MIAMI, FL 33162 01082008 No Chg-P CR2E034 (11/05) 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 MIAMI, FL 33162 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000782744 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 01/15/08-80080-024 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WEINSTEIN, EDWARD S STREET ADDRESS 152 NE 167TH ST SUITE 500 CITY-ST-ZIP MIAMI, FL 33162 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP .



ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/08

305-947-2468

Daytime Phone #