

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109035

Entity Name: INDEPENDENT ALLIANCE, INC.

FILED  
Feb 01, 2006  
Secretary of State

## Current Principal Place of Business:

5359 PEMBRIDGE PLACE  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 16044  
TALLAHASSEE, FL 32317 US

## New Mailing Address:

FEI Number: 56-2426560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WYLIE, JR., F. JAMES  
5359 PEMBRIDGE PLACE  
TALLAHASSEE, FL 32309 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: DPT ( ) Delete  
Name: DEAKINS, JOHN P  
Address: 9395 SW 186TH TERRACE  
City-St-Zip: DUNNELLON, FL 344329998

Title: DVPS ( ) Delete  
Name: WYLIE, JR., F. JAMES  
Address: 5359 PEMBRIDGE PLACE  
City-St-Zip: TALLAHASSEE, FL 32309

## 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 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: F. JAMES WYLIE, JR.

DVPS

02/01/2006

Electronic Signature of Signing Officer or Director

Date