
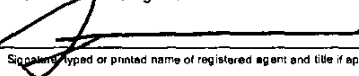
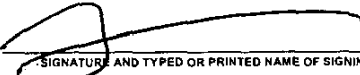


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 023 \*\*\*150.00

<b>DOCUMENT # P03000113234</b> 1. Entity Name <b>ALLSTATE TRAINING ACADEMY, INC.</b>																													
Principal Place of Business <b>8405 NW 53 ST. G103 MAM, FL 33166</b>			Mailing Address <b>8405 NW 53 ST. G103 MAM, FL 33166</b>																										
2. Principal Place of Business - No P.O. Box # <b>8600 NW 53 Terrace</b>		3. Mailing Address <b>8600 NW 53 Terrace</b>																											
Suite, Apt. #, etc. <b>121</b>		Suite, Apt. #, etc. <b>121</b>																											
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>																											
Zip <b>33166</b>		Country <b>USA</b>		Zip <b>33166</b>																									
Country <b>USA</b>		4. FEI Number <b>01-0819676</b>																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>YEAMPIERRE, JOSEPH 8405 NW 53 ST. C-103 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>JOSEPH Yeampierre</b> Street Address (P.O. Box Number is Not Acceptable) <b>8600 NW 53 Terrace</b> <b>#121</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>																										
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  DATE <b>4/20/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YEAMPIERRE, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8405 NW 53 ST. #C-103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33166</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	YEAMPIERRE, JOSEPH		STREET ADDRESS	8405 NW 53 ST. #C-103		CITY-ST-ZIP	MIAMI, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Yeampierre, Joseph</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8600 NW 53 Terrace #121</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL. 33166</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Yeampierre, Joseph		STREET ADDRESS	8600 NW 53 Terrace #121		CITY-ST-ZIP	Miami, FL. 33166	
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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: 				Date <b>4/20/07</b> Daytime Phone # <b>(305) 468-1533</b>																									