2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 03-21-2005 90095 004 ***150.00

DOCUMENT # P0400098603 1. Entity Name ALLIANT TAX CREDIT 32, INC.											
Principal Place of Business 340 ROYAL POINCIANA PLAZA, SUITE 305 PALM BEACH, FL 33480			Mailing Address 340 ROYAL POINCIANA PLAZA, SUIT PALM BEACH, FL 33480		, SUITE 305	6	601367	В			
2. Principal Place of Business			3. Malling Address	3. Malling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02282005	Chg-P	CR2E034 ((10/03)		
City & State			City & State			4. FEI Numb	1352	034		pplied For of Applicable	
Zip		Country	Zip Country		itry	<u> </u>	of Status Desired	Fee	75 Ade Require	ditional	
6. Name and Address of Current Register			Registered Agent	red Agent		7. Name and	Address of New	Registered Age	nt		
HAMLIN, C	URTIS D					Name					
1205 MANATEE AVENUE WEST BRADENTON, FL 34205					Street Address (P.O. Box Number is Not Acceptable)						
				-				FL	Zip Cod	a	
8. The above of	named entit	v submits this statement f	or the oursoss of changing its	renisten	ed office or register	rod agent, or be	oth in the State of F	,	lier with	and eccept	
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 Signature Signature, speak or private name of registered agent and 100 of applicable. PAGTE: Registered Agent algresses required when releasing) OATE OATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	ZP_	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIF	RECTOR	S IN 11	
NAME STREET ADORESS CITY-ST-ZIP	n Horwitz Royal Poince	□ Delete 1 i.a.n. a. Way #305 1 33480 □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	 overr	7 /0% (6 6 6 7) .	☐ Delete	NAMI STRE		-			Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			☐ Deteta	CITY-	E ET ADDRESS •ST-ZIP			_	Change	Addition	
12. I hereby or indicated of of the corp changed, o	ertify that the on this repo- poration or the or on an atta	a information supplied with it or supplementation on it he receiver or trastile emp actiment with all inderess,	h this filing does not quality for s true and accurate and then to owered to execute this report with all other like empowered.	the exer signates as requir	mption stated in Se- ture shall have the s red by Chapter 807	ction 119.07(3); same legal effec , Florida Statute	(i), Florida Statutes. It as if made under is; and that my name	. I further certify the oath; that I am an an eappears in Blo	nat the in n officer ck 10 or	formation or director Block 11 if	
SIGNATI	URE: _	SIGNATURE AND TYPED ON	PRINTED HAME OF SIGNING OFFICER	OR DIRECT	3	/1/05		1-833-	57	75	