

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152890

FILED
May 01, 2006
Secretary of State

Entity Name: ALLIANCE BUILDING SYSTEMS, INC.

Current Principal Place of Business:

14690 MOSSY HAMMOCK LANE
MYAKKA CITY, FL 34251 US

New Principal Place of Business:

Current Mailing Address:

14690 MOSSY HAMMOCK LANE
MYAKKA CITY, FL 34251 US

New Mailing Address:

3892 WOODMERE PARK BLVD
APT # 13
VENICE, FL 34293 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COYNE, KATHLEEN
814690 MOSSY HAMMOCK LANE
MYAKKA CITY, FL 34251 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: COYNE, MARK
Address: 14690 MOSSY HAMMOCK LANE
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: PRES () Delete
Name: COYNE, MARK
Address: 14690 MOSSY HAMMOCK LANE
City-St-Zip: MYAKKA CITY, FL 34241 US

Title: VP () Delete
Name: COYNE, SHERRY
Address: 14690 MOSSY HAMMOCK LANE
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: SEC () Delete
Name: COYNE, KATHLEEN
Address: 14690 MOSSY HAMMOCK LANE
City-St-Zip: MYAKKA CITY, FL 34251 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COYNE, ANN Z
Address: 3888 WOODMERE PARK BLVD
City-St-Zip: VENICE, F 34293

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: MARK A. COYNE

DIR

05/01/2006

Electronic Signature of Signing Officer or Director

Date