

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 049 ***150.00

DOCUMENT # P04000155539 1. Entity Name ALLIANCE INVESTORS, INC.					
Principal Place of Business 2541 MICHAELSON WAY JACKSONVILLE, FL 32223			Mailing Address 2541 MICHAELSON WAY JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # 655 BATTERSEA DRIVE Suite, Apt. #, etc.		3. Mailing Address 655 BATTERSEA DRIVE Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL Zip 32095		City & State ST. AUGUSTINE, FL Zip 32095		4. FEI Number 20-1882920	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSEMAN, WILLIAM R ESQ. 3733 UNIVERSITY BLVD. WEST SUITE 210B JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Brent Ayala</i></u> BRENT AYALA DATE: <u>2-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PRES AYALA, BRENT 2541 MICHAELSON WAY JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AYALA, BRENT 655 BATTERSEA DRIVE ST. AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Brent Ayala</i></u> BRENT AYALA DATE: <u>2/5/07</u> 891-904-8946/6123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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