## 2007 FOR PROFIT CORPORATION

## **FILED** Jan 24, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P05000011793 1. Entity Namo 01-24-2007 90045 024 \*\*\*150.00 DOC ALLAN PUBLISHING COMPANY, INC. Principal Place of Business Mailing Address 3773 N. FEDERAL HIGHWAY 3773 N. FEDERAL HIGHWAY SUITE 100 SUITE 100 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14 3333 N. FEOERAL HIGHWAY 333 N. FEDERAL HIGHWA Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 20-2246816 BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEON, JESSICA 3773 N. FEDERAL HIGHWAY SUITE 100 POMPANO BEACH FL 33064 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, typed or p d name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change Addition 10118 THILL GITTMAN, ALLAN NAME NAME 3773 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CHY+SL-7IP CITY ST ZIP ST TIFLE ☐ Delete ma ☐ Change Addition GITTMAN, GLORIA NAME 3773 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADORESS POMPANO BEACH FL 33064 CHY SI-ZIP CHY SEZIP Delete ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SI-702 CITY ST ZIP 111118 ☐ Defete 10116 ☐ Change Addition MAME NAM STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST 702 Delete ☐ Change HITE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY SEZIP ☐ Delete PALE Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF