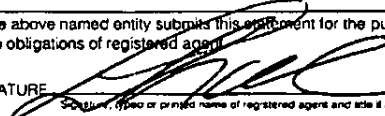
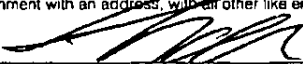


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-20-2006 90200 003 ***150.00

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DOCUMENT # P05000108047			
1. Entity Name ALLIANCE-WAVERLY, INC.			
Principal Place of Business 730 E. STRAWBRIDGE AVENUE 100 MELBOURNE, FL 32901		Mailing Address 730 E. STRAWBRIDGE AVENUE 100 MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20 3248336		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATARAZZO, PATRICIA 730 E. STRAWBRIDGE AVENUE 100 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Cassella, Lizabeth Street Address (P.O. Box Number is Not Acceptable) 730 E. Strawbridge Ave Suite 100 City Melbourne FL 32901	
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 4/13/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVST THE ALLIANCE OF BREVARD, INC. 730 E. STRAWBRIDGE AVENUE, SUITE 100 MELBOURNE, FL 32901 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cassella, Lizabeth ☐ Change ☒ Addition 730 E. Strawbridge Ave Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matarazzo, Patricia ☐ Change ☒ Addition 730 E Strawbridge Ave Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP Michael Spragins ☐ Change ☒ Addition 730 E Strawbridge Ave Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Spragins, Stephen ☐ Change ☒ Addition 730 E Strawbridge Ave Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spira, Stephen ☐ Change ☒ Addition 730 E. Strawbridge Ave Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 an other like empowered.			
SIGNATURE: 		DATE 4/13/06 321 724 9600	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	