

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000108140  
 1. Entity Name  
 ALLIANCE-SEBASTIAN, INC.



Principal Place of Business 730 E. STRAWBRIDGE AVENUE 100 MELBOURNE, FL 32905	Mailing Address 730 E. STRAWBRIDGE AVENUE 100 MELBOURNE, FL 32905
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03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3259866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CASSELLA, LIZABETH  
 730 E STRAWBRIDGE AVE  
 100  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

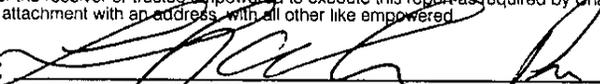
UD00000880089  
 04/15/08-80047-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSELLA, LIZABETH 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SPRAGINS, MIKE 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGINS, STEPHEN 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATARAZZO, PATRICIA 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3-31-08  
 Daytime Phone #: 321-724-9600