2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113525

Entity Name: ALLSTATE PROPERTIES MANAGEMENT, INC.

FILED Jun 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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12687 NW 56 DRIVE 11911 HIGHWAY U.S. ONE

PARKLAND, FL 3307 US 201

NORTH PALM BEACH, FL 33408 US

Current Mailing Address: New Mailing Address:

7040 SEMINOLE PRATT WHITNEY ROAD 11911 HIGHWAY U.S. ONE

SUITE 25 P O BOX 41

LOXAHATCHEE, FL 33470 US NORTH PALM BEACH, FL 33408

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORES, SHAINA L ESTREMERA, OSVALDO M PRES 12687 NW 56 DRIVE 12687 NW 56 DRIVE

PARKLAND, FL 33076 PARKLAND, FL 33076 US US

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: OSVALDO M ESTREMERA 06/22/2006

> 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:

LOXAHATCHEE, FL 33470

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: PRFS (X) Change () Addition FLORES, SHAINA L Name: Name: ESTREMERA, OSVALDO M MGRM 7040 SEMINOLE PRATT WHITNEY RD #25 BOX 41 Address: 11911 HIGHWAY U.S. ONE # 201 Address: City-St-Zip: LOXAHATCHEE, FL 33470 US City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VΡ Title: () Delete (X) Change () Addition

Name: KAMINSKY, ALYSSA R Name: KAMINSKY, ALYSSA R MGRM 7040 SEMINOLE PRATT WHITNEY RD #25 BOX 41 Address: 11911 HIGHWAY U.S. ONE #201 Address: NORTH PALM BEACH, FL 33408 US LOXAHATCHEE, FL 33470 US City-St-Zip: City-St-Zip:

Title: Title: **PRES** (X) Delete () Change () Addition

FLORES, JOEWEE E JR Name: Name: 7040 SEMINOLE PRATT WHITNEY RD #25 BOX 41 Address: Address

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.

City-St-Zip:

SIGNATURE: OSVALDO M ESTREMERA **PRES** 06/22/2006