2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160329

Entity Name: ALLIANCE INSURANCE AGENCY, INC.

FILED May 18, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4100 EVANS AVE. SUITE 1 FORT MYERS, FL 33901 US			6338 PRESIDENTIAL CT	Г	
			102 FORT MYERS, FL 3391	9 US	
Current M	ailing Address	:	New Mailing Address:	New Mailing Address:	
	NS AVE. SUITE	1 US	6338 PRESIDENTIAL CT	Γ	
FORT MYE	ERS, FL 33901		102 FORT MYERS, FL 3391	9 US	
FEI Number:	20-3996337	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
6338 PRÉS 102	MATHURIN SIDENTIAL COU ERS, FL 33919				
The above	,		purpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
		2)(b), F.S., the corporation did n Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AUDATH, MATHU	FIAL COURT; SUITE 102	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TELUSMA, JÈÁN	FIAL COURT; SUITE 102	Title: (Name: Address: City-St-Zip:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MATHURIN AUDATH Ρ 05/18/2007