


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90035 016 ***150.00

DOCUMENT # P06000054536			
1. Entity Name ALLISON SERVICES, INC.			
Principal Place of Business 4051 NW 34TH WAY LAUDERDALE LAKES FL 33309		Mailing Address 4051 NW 34TH WAY LAUDERDALE LAKES FL 33309	
2. Principal Place of Business - No P.O. Box # 4051 NW 34 way Suite, Apt. #, etc.		3. Mailing Address 4051 NW 34 way Suite, Apt. #, etc.	
City & State Lauderdale Lakes FL Zip 33309		City & State Lauderdale Lakes FL Zip 33309	
Country Broward		Country Broward	



1st MOORE CR2E034 (10/07)

4. FEI Number 20-4706113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLISON, DONNELL 4051 NW 34TH WAY LAUDERDALE LAKES FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Donnell Allison</i></u> (NOTE: Registered Agent signature required when reappointing) DATE <u>4/21/08</u>			

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLISON, DONNELL		NAME	
STREET ADDRESS 4051 NE 34TH WAY		STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL 33309		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PENDELTON, HARRY		NAME	
STREET ADDRESS 4051 NW 34TH WAY		STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES FL 33309		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Donnell Allison* 4/21/08 954 562-1691
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #