
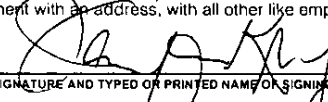


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 030 \*\*\*150.00

<b>DOCUMENT # P06000125311</b> 1. Entity Name <b>ALLISON MANAGEMENT INC.</b>					
Principal Place of Business <b>2 S. BISCAYNE BLVD.</b> <b>1550</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>2 S. BISCAYNE BLVD.</b> <b>1550</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>2 S. Biscayne Blvd.</b>		3. Mailing Address <b>2 S. Biscayne Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 1750</b>		Suite, Apt. #, etc. <b>Suite 1750</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>			
Zip <b>33131</b>		Country <b>USA</b>		Zip <b>33131</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>KRIZ, JENNIFER</b> <b>2 S. BISCAYNE BLVD.</b> <b>1550 1750</b> <b>MIAMI, FL FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P <b>KRIZ, JENNIFER</b> <b>2 S. BISCAYNE BLVD., SUITE 1550</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 S. Biscayne Blvd.</b> <b>Suite 1750</b> <b>Miami FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KRIZ, JENNIFER</b> <b>2 S. BISCAYNE BLVD., SUITE 1550</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 S. Biscayne Blvd.</b> <b>Suite 1750</b> <b>Miami FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
<b>SIGNATURE:</b> 			Date: <b>4/22/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <b>(305) 373-7533</b>		