2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000152536

Entity Name: ALLSTATE INVESTMENTS&MANAGEMENT, INC

FILED May 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 SOUTH ORANGE AVENUE 189 SOUTH ORANGE AVE

SOUTH TOWER, UNIT # 1510 SUITE 1510 ORLANDO, FL 32801 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

101 SOUTH ORANGE AVENUE 189 SOUTH ORANGE AVE SOUTH TOWER, UNIT # 1510 SUITE 1510

ORLANDO, FL 32801 SOITE 1510 SOITE 1510 ORLANDO, FL 32801

FEI Number: 20-5954324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COLLINS, JEROME J TERZI, RECEP

189 SOUTH ORANGE AVE SUITE 1510
ORLANDO, FL 32801 US
189 SOUTH ORANGE AVE
SUITE 1510
ORLANDO, FL 32801 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: RECEP TERZI 05/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: COLLINS, JEROME J Name: TERZI, RECEP

Address: 189 SOUTH ORANGE AVE SUITE 1510 Address: 189 SOUTH ORANGE AVE SUITE 1510

City-St-Zip: CHERRY HILL, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete Title: () Change () Addition

 Name:
 CAMERON, LINDA
 Name:

 Address:
 11742 BROAD OAK COURT
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: OFF. (X) Delete Title: () Change () Addition

 Name:
 TERZI, RECEP
 Name:

 Address:
 4869 FELLS COVE AVENUE
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:

Title: OFF. (X) Delete Title: () Change () Addition

 Name:
 MUSLU, AMMER
 Name:

 Address:
 3145 BRIGHTON 4TH STREET APT 112
 Address:

 City-St-Zip:
 BROOKLYN, NY 11233
 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: RECEP TERZI PRES 05/14/2007