

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 043 ****61.25

DOCUMENT # P14117

1. Entity Name

ALLIANCE FOR AFFORDABLE SERVICES, INC.



Principal Place of Business

**3801 WILLIAM D TATE, #800
GRAPEVINE TX 76051
US**

Mailing Address

**3801 WILLIAM D TATE, #800
GRAPEVINE TX 76051
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

52-1517387

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ASAT ☐ Delete
NAME WOLFE, RALPH
STREET ADDRESS 3801 WILLIAM D TATE, #800
CITY-ST-ZIP GRAPEVINE TX 76051

TITLE S ☐ Delete
NAME SEGAL, HOWARD
STREET ADDRESS 41 MANHATTENVILLE RD.
CITY-ST-ZIP PURCHASE NY 10577

TITLE PD ☒ Delete
NAME CALLAGHAN, WILLIAM D
STREET ADDRESS 841 INDIAN ROCKS ROAD
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME NIXON, DANELL
STREET ADDRESS 12512 BUCHANAN
CITY-ST-ZIP CROWN POINT IN

TITLE D ☐ Delete
NAME PEVSNER, PAUL
STREET ADDRESS 367 EAST 62ND STREET
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 420 E. 54th Street
CITY-ST-ZIP New York, NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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 617, 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:

[Signature]

Ralph Wolfe April 4, 2006 817-310-4200