

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14117

FILED
Apr 16, 2008
Secretary of State

Entity Name: ALLIANCE FOR AFFORDABLE SERVICES, INC.

Current Principal Place of Business:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062 US

New Principal Place of Business:

29750 US HIGHWAY 19 NORTH
205
CLEARWATER, FL 33761 US

Current Mailing Address:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062 US

New Mailing Address:

PO BOX 612547
DALLAS, TX 75261 US

FEI Number: 52-1517387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASST () Delete
Name: WOLFE, RALPH
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: S () Delete
Name: SEGAL, HOWARD
Address: 420 E 54TH ST
City-St-Zip: NEW YORK, NY 10022

Title: D (X) Delete
Name: NIXON, DANELL
Address: 12512 BUCHANAN
City-St-Zip: CROWN POINT, IN

Title: DDP () Delete
Name: PEVSNER, PAUL
Address: 367 EAST 62ND STREET
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH WOLFE

AS

04/16/2008

Electronic Signature of Signing Officer or Director

Date