2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037422

Entity Name: ALLSTATE SPECIAL SERVICES, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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135 45 AVE NE 3240 29TH AVENUE NE NAPLES, FL 34120 US NAPLES, FL 34120 US

Current Mailing Address: New Mailing Address:

 135 45 AVE NE
 3240 29TH AVENUE

 NAPLES, FL 34120
 US

 NAPLES, FL 34120
 US

FEI Number: 65-0552568 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:

ALFARO, ZULIMA
135 45 AVE
NAPLES, FL 34120 US

ALFARO, ZULIMA
3249 29TH AVENUE
NAPLES, FL 34120 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: 01/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PM() DeleteTitle:PRES(X) Change () AdditionName:NORMAN, CHESLERName:NORMAN, CHESLERAddress:135 45 AVE NEAddress:3240 29TH AVENUE

 Address:
 135 45 AVE NE
 Address:
 3240 29TH AVENUE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

Title: V () Delete Title: VP (X) Change () Addition Name: ALFARO, ZULIMA Name: ALFARO, ZULIMA

 Name:
 ALFARO, ZULIMA
 Name:
 ALFARO, ZULIMA

 Address:
 135 45 AVE NE
 Address:
 135 45 AVE NE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

Title: T () Delete Title: TR (X) Change () Addition

 Name:
 ALFARO, ZULIMA
 Name:
 ALFARO, ZULIMA

 Address:
 135 45 AVE NE
 Address:
 3240 29TH AVENUE NE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN CHESLER PRES 01/05/2007