2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

Secretary of State DOCUMENT # P95000080826 03-30-2007 90133 010 ***150.00 ALLIED INTERNATIONAL MARKETING INC. Principal Place of Business Mailing Address 4123 EASTRIDGE CIRCLE 4123 EASTRIDGE CIRCLE POMPANO BEACH: FL-33064 POMPANO BEACH, PL 33064 2. Principal Place of Business - No P.O. Box # 6534 N. W. 984 Drive Suite, Apt. #, etc. 3. Mailing Address 6534 N.W. 98 12 Deive CR2E034 (12/06) 03012007 Cha-P City & State PARK LAND City & State PARKLAND, FL Applied For 4. FEI Number 65-0651324 Not Applicable Country C. A. \$8.75 Additional 5. Certificate of Status Desired 33076 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIERNAN, DAVID-Street Address (P.O. Box Number is Not Acceptable) 4123 EASTSIDE CIRCLE POMPANO BEACH, FL 33064 6534 n.w. 98 Drive Zip Code FL 8. The above named entity submys 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 a March 16th 07 SIGNATURE (NOTE Registered Agent signature required when reinstating) name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Addition TITLE Delete NAME KIERNAN, DAVID NAME 65347W98 Duce STREET ADDRESS 4123 EASTRIDGE CIRCLE STREET ADDRESS PERKLAND FL 33076 CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this illing 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 30, 2007 8:00 am