2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000081184

1. Entity Name

ALLIANT TAX CREDIT I, INC.

Principal Place of Business

340 ROYAL POINCIANA WAY

STE 305

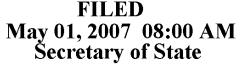
PALM BEACH, FL 33480

Mailing Address

340 ROYAL POINCIANA WAY

STE 305

PALM BEACH, FL 33480





DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ 1205 MANATEE AVENUE WEST BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

		1					
8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or i	registered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.							
	Signature, typed or printed name of registered agent and title	it applicable (NOTE Registered	i Agent sig naturi	s required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOHL, SIDNEY 340 ROYAL POINCIANA WAY STE 305 PALM BEACH, FL 33480			000000750830 05/18/07-80080-003 150			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM BEACH, FL 33480 EVPD KOTICK, SCOTT						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS JENKINS, JAMES 340 ROYAL POINCIANA WAY - STE 3 PALM BEACH, FL 33480	005		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. Thereby certify that the information supplied with this filing 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 flue 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 entities where 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 gippowered.

S	G	N	Δ	Γł	ı	R	F	
			~			•	_	_

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylane Phone #