

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 030 ***150.00

DOCUMENT # P98000024733

1. Entity Name
AMERICAN ALLIANCE SERVICE CENTER, INC.



Principal Place of Business
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER, FL 33763

Mailing Address
2536 COUNTRYSIDE BLVD.
SIXTH FLOOR
CLEARWATER, FL 33763

40041430



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3653921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, HEATHER
2536 COUNTRYSIDE BLVD.
6TH FLOOR
CLEARWATER, FL 34623

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IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOESCH, KENNETH W III
STREET ADDRESS 2536 COUNTRYSIDE BLVD, 6TH FL
CITY-ST-ZIP CLEARWATER, FL 34623

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12. I hereby 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 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 an other like empowered.

SIGNATURE: K.W. BOESCH, III 3/20/06 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #