


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90015 024 ***150.00

DOCUMENT # P98000025018	
1. Entity Name ALLIANCE BROKERS FUND, INC.	

Principal Place of Business 11891 US HWY ONE, S <i>631 U.S. Hwy One</i> SUITE 201 NORTH PALM BEACH, FL 33408	Mailing Address 11891 US HWY ONE, S <i>631 U.S. Hwy. One</i> SUITE 201 <i>Ste. 100</i> NORTH PALM BEACH, FL 33408
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01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840522	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RYAN, JAMES D 11891 US HWY ONE, SUITE 201 <i>631 U.S Hwy One</i> NORTH PALM BEACH, FL 33408 <i>Ste. 100</i> <i>North Palm Beach, FL 33408</i>

**DO NOT WRITE
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, JAMES D 11891 U S HIGHWAY ONE SUITE 201 <i>631 U.S. Hwy. One</i> NORTH PALM BEACH, FL 33408 <i>Ste. 100</i> <i>North Palm Beach, FL 33408</i>
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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: <i>[Signature]</i>	3-30-07	561 841 3425
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>