
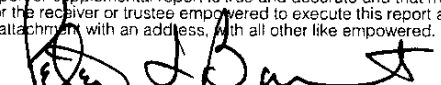


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JAN 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049232			
1. Entity Name ALLISON HOLDINGS, INC.			
Principal Place of Business 1 SE 3RD AVENUE SUITE 2950 MIAMI, FL 33131		Mailing Address 1 SE 3RD AVENUE SUITE 2950 MIAMI, FL 33131	
2. Principal Place of Business 3427 North Moorings Way		3. Mailing Address 3427 North Moorings Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coconut Grove FL		City & State Coconut Grove FL	
Zip 33133	Country USA	Zip 33133	Country USA
4. FEI Number 65-0923515		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMONT, PETER L 1 SE 3RD AVENUE SUITE 2950 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Bermont, Peter L. Street Address (P.O. Box Number is Not Acceptable) 3427 North Moorings Way City Coconut Grove FL Zip Code 33133	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMONT, PETER L 1 SE 3RD AVENUE SUITE 2950 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMONT, PETER L. 3427 NORTH MOORINGS WAY COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		1/10/05 305-648-3711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	