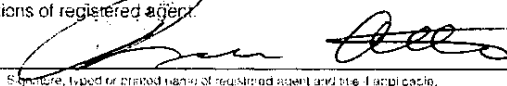
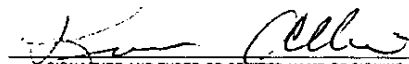


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90025 041 ***150.00

DOCUMENT # P99000072523 1. Entity Name RUSS ALLIE, INCORPORATED					
Principal Place of Business 2109 CHINABERRY CIRCLE S.E. PALM BAY FL 32909			Mailing Address 2109 CHINABERRY CIRCLE S.E. PALM BAY FL 32909		
2. Principal Place of Business - No P.O. Box # 2109 Chinaberry Cir Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Palm Bay FL		City & State Palm Bay FL		4. FEI Number 65-0939027 Applied For ☐ Not Applicable ☐	
Zip 32909 Country		Zip 32909 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOW, GEORGE R 2151 NW 107 AVE. SUNRISE FL 33322				7. Name and Address of New Registered Agent Name Russ Allie Street Address (P.O. Box Numbers Not Acceptable) 2109 Chinaberry City Palm Bay FL Zip Code 32909	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD ALLIE, RUSS 2109 CHINABERRY CIRCLE S.E. PALM BAY FL 32909	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLIE, RICHARD S 932 BEACON ST. PALM BAY FL 32909	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOW, GEORGE 2151 NW 107 AVE. SUNRISE FL 33322	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIALKOWLSKY, MARGARET 2109 CHINABERRY CIRCLE S.E. PALM BAY FL 32909	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					