


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000085781 1. Entity Name ALLIANT TAX CREDIT X, INC.	
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Principal Place of Business 340 ROYAL POINCIANA PLAZA, SUITE 305 PALM BEACH, FL 33480	Mailing Address 340 ROYAL POINCIANA PLAZA, SUITE 305 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1568404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____ (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. <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 HORWITZ, SHAWN 340 ROYAL POINCIANA WAY STE 305 PALM BEACH, FL 33480
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05/10/06-80093-002 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____