2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # F46284

1. Entity Name

SIGNATURE:

ALBA CONSULTING CORPORATION

					TOU WE							
Principal Plac	e of Business	Mailing	g Address									
1420 COUF CLEARWAT	RT STREET FER FL 33756		1420 COURT STREET CLEARWATER FL 33756 US				I II	ALIJAK AHI GIRIK SILIA KUDU	izin siri sibli sibli			I W 1 11 11 11 11 11 11 11 11 11 11 11 11
2. Principal F	Place of Business	3. Mail	3. Mailing Address									
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)					
City & Sta	i i	City	City & State			4. FEI Num		^{per} 59-21246	40	-		olied For Applicable
Zip Country			·		Country		5. Certificate of Status Desired \$8.75 A Fee Requir					
	6. Name and Address of Cu	rrent Registere	d Agent				7. Name and	d Address of Nev	v Registered	Age <u>nt</u>		
					Name							
142	NASIO, JOHN 0 COURT STREET ARWATER FL 33516				Street Address (P O. Box Number is Not Acceptable)							
OLL	ANTALLIN E 30010				City				FL	Zir	o Code	
the obligation	named entity submits this statem tions of registered agent.	ent for the purpo	ose of changing its	registere	ed office or r	egistere	ed agent, or bo	oth, in the State of	Florida, I am	familiar	r with,	and accept
SIGNATURE	Signature, typed or printed name of registered	agent and tile il appi	ficable (NCT	E Registere	d Agent signature	s required	when leinslating)		DATE			
After	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$5! k Payable to Florida Departme	50.00						9. Election Car Trust Fund C	.,	ing		00 May Be d to Fees
10.		AND DIRECTO	BS	11.			ADDITIONS	L JCHANGES TO C	EFICERS AND	1 DIREC	TORS	IN 11
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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 I1 if changed, or on an attachment with an address, with all other like empowered.

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 11, 2005 08:00 AM Secretary of State

Daytime Phone #