

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40863

Entity Name: ALMA, INC.

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

114 BAYWOOD  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

P.O. BOX 941145  
MAITLAND, FL 327941145 US

**Current Mailing Address:**

P.O. BOX 941145  
MAITLAND, FL 327941145 US

**New Mailing Address:**

FEI Number: 59-2522931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SABOFF, JAMES R  
114 BAYWOOD AVE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

SABOFF, JAMES R  
3550 HOLLIDAY AVE  
APOPKA, FL 32703 US

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.

SIGNATURE: \_\_\_\_\_ 04/29/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SABOFF, JAMES R  
Address: 114 BAYWOOD AVE  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SABOFF, JAMES R  
Address: P.O. BOX 941145  
City-St-Zip: MAITLAND, FL 327941145 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R SABOFF      PRES      04/29/2005  
Electronic Signature of Signing Officer or Director      Date