


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M87180
 1. Entity Name
 ALKRIS, INC.



Principal Place of Business
 2460 STICKNY PT. ROAD
 SARASOTA, FL 34231

Mailing Address
 2426 WISTERIA RD.
 VENICE, FL 34293



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0063714

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

LINDA KIRBY
 2426 WISTERIA RD.
 VENICE, FL 34293

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000058871
 02/20/04-80058-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRBY, LINDA
STREET ADDRESS	2426 WISTERIA RD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	V
NAME	KIRBY, LINDA
STREET ADDRESS	2426 WISTERIA RD.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Linda Kirby* 2-17-04 941-922-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #