

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118333

Entity Name: ALLIMAR CORPORATION

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

3969 HAYNES CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

1795 ASTOR FARMS PL
SANFORD, FL 32771

Current Mailing Address:

3969 HAYNES CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

1795 ASTOR FARMS PL.
SANFORD, FL 32771

FEI Number: 05-0537837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOHN
3969 HAYNES CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ANDERSON, JOHN
1795 ASTOR FARMS PL.
SANFORD, FL 32771 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: JOHN ANDERSON

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, JOHN
Address: 3969 HAYNES CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: P () Delete
Name: ANDERSON, ALLISON
Address: 3969 HAYNES CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, JOHN
Address: 1795 ASTOR FARMS PL.
City-St-Zip: SANFORD, FL 32771

Title: P (X) Change () Addition
Name: ANDERSON, ALLISON
Address: 1795 ASTOR FARMS PL.
City-St-Zip: SANFORD, FL 32771

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: JOHN ANDERSON

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date