

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094407

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE KASTER ALLIANCE, INCORPORATED

Current Principal Place of Business:

4305 NW 67 WAY
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4305 NW 67 WAY
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-0728793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOWERS, L. NORMAN
4305 NW 67 WAY
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHOWERS, L. NORMAN
Address: 4305 NW 67 WAY
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: SMITH, YUETTA W
Address: 1119 CONCORD TERRACE
City-St-Zip: OWENSBORO, KY 42303

Title: T () Delete
Name: CROOMS, JOSEPH B
Address: 9360 DELFT WAY
City-St-Zip: ALPHARETTA, GA 30202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: L. NORMAN SHOWERS

PRES

04/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date