

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094407

FILED  
Apr 20, 2011  
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

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: SHOWERS, LEE N  
Address: 3488 HAMLIN SQUARE, SW  
City-St-Zip: ATLANTA, GA 30331

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

I hereby 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 all other like empowered.

SIGNATURE: L. NORMAN SHOWERS

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date