


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000002263
 1. Entity Name
 ALTON ADVISORS, INC.



Principal Place of Business 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33131	Mailing Address 155 SOUTH MIAMI AVENUE PH-2A MIAMI, FL 33131
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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0890466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRLIN, DANIEL
 155 S MIAMI AVENUE
 PH 2A
 MIAMI, FL 33130

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000344743
 04/30/05-80008-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIRLIN, DANIEL
STREET ADDRESS	155 SOUTH MIAMI AVENUE PH-2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	D
NAME	KRINSKY, JEFF
STREET ADDRESS	155 S MIAMI AVE, PH2A
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jeff Krinsky 4/20/05 305-374-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #