


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000090138 1. Entity Name ALLIED/CROSS POINTE, INC.	
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Principal Place of Business C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462	Mailing Address C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #300 PLYMOUTH MEETING PA 19462
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 58-2501103	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	E. SCOTT URDANG
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462
TITLE	VS <input type="checkbox"/> Delete
NAME	BLUM, DAVID
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462
TITLE	V <input type="checkbox"/> Delete
NAME	SANFILIPPO, VINCENT
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462
TITLE	TC <input type="checkbox"/> Delete
NAME	FERST, RICHARD J
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462
TITLE	V <input type="checkbox"/> Delete
NAME	GRECO, MARK B
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462
TITLE	S <input type="checkbox"/> Delete
NAME	GRESHAM, MELISS
STREET ADDRESS	630 WEST GERMANTOWN PIKE #300
CITY- ST- ZIP	PLYMOUTH MEETING PA 19462

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000308405
STREET ADDRESS	04/15/05-80094-013 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: David S. Blum David Blum 4-6-05 610-884-9500

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