


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 405789 1. Entity Name ALZAHN, INC.	
---	---

Principal Place of Business 500 S. CYPRESS RD. POMPANO BEACH, FL 33060	Mailing Address 500 S. CYPRESS RD. POMPANO BEACH, FL 33060
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1411176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALLISON, WILLIAM S W
500 S CYPRESS RD
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE PTD	NAME ALLISON, WILLIAM S	STREET ADDRESS 500 S CYPRESS RD	CITY-ST-ZIP POMPANO BEACH, FL 33060
TITLE VSD	NAME ALLISON, SUE	STREET ADDRESS 500 S CYPRESS RD	CITY-ST-ZIP POMPANO BCH, FL 33060
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000176882
01/11/05-80014-020 150.00

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: William S. W. Allison 1/5/05 954-721-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #