### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # F01000005901

1. Entity Name

ALTERNATIVE COMPUTER TECHNOLOGY, INC.



FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH 45069

Mailing Address

7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH 45069



### DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 31-1578439 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARABOTTA, RAY 3466 NORTH MIAMI AVE. MIAMI, FL 33127

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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

CITY-ST-7IP

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10.	OF TOETO ATO DIRECTORS
TITLE NAME STREET ADDRESS CITY+ST+ZIP	PCD FARRELL, THOMAS P 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VD GENSHEIMER, KENNETH 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREER, KAREN A 7908 CINCINNATI - DAYTON RD, STE W WEST CHESTER, OH
NAME SIREET ADDRESS GITY-ST-ZIP	
THILE NAME STREET ADDRESS GITY+ST-ZIP	
TITLE NAME STREET ADDRESS	

\$400000110353 \$4712704-80080-004 150.X

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that pay 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 as equired 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 girler like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

8/04 513-255-1957