


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90003 034 ***150.00

DOCUMENT # F02000005019 1. Entity Name ALPHA THOUGHT GLOBAL, INC.					
Principal Place of Business 547 WEST JACKSON BLVD 10TH FL CHICAGO, IL 60661			Mailing Address 547 WEST JACKSON BLVD 10TH FL CHICAGO, IL 60661		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 11-3648648	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____				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	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		COBD CHAUDHAIR, VIDHAN 547 WEST JACKSON BLVD 10TH FL CHICAGO, IL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D RAO, HARI 547 WEST JACKSON BLVD 10TH FL CHICAGO, IL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D DISLER, BENNO 547 WEST JACKSON BLVD 10TH FL CHICAGO, IL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P ESTOCK, DOUG 547 W JACKSON BLVD., 10TH FL CHICAGO, IL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VS GROSSMAN, ERIC 547 W JACKSON BLVD., 10TH FL CHICAGO, IL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		T SAMPEY, BRIAN 547 W JACKSON BLVD., 10TH FL CHICAGO, FL 60661		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		CHAUDHARI, VIDHAN CHICAGO, IL 60661		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		CHICAGO, IL 60661		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

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FL

Zip Code

4/7/05 312-224-2060