

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90660 031 \*\*\*\*61.25

**DOCUMENT # F94000004451**

1. Entity Name

AMERICAN CONSUMER ALLIANCE, INC.



Principal Place of Business

1117 PERIMETER CENTER WEST  
STE 500 E  
ATLANTA GA 30338  
US

Mailing Address

1117 PERIMETER CENTER WEST., STE 500E  
ATLANTA GA 30338  
US

**NEW**  
**American Consumer Alliance, Inc.**  
**Five Concourse Parkway, Suite 3000**  
**Atlanta, GA 30328**

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**Atlanta, GA 30328**

05000010



MOORE CR2E037 (11/03)

City and State		State		4. FEI Number <b>59-3232297</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT COPORATION SYSTEM 1200 SOUTH PINE ISLAND RD DAYTONA BEACH FL 32114		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMES, SAMUEL D 1117 PERIMETER CENTER WEST., STE 500E ATLANTA GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>American Consumer Alliance, Inc.</b> <b>Five Concourse Parkway, Suite 3000</b> <b>Atlanta, GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BUFANO, CELINA S 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>American Consumer Alliance, Inc.</b> <b>Five Concourse Parkway, Suite 3000</b> <b>Atlanta, GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIDD, ANDREW 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>American Consumer Alliance, Inc.</b> <b>Five Concourse Parkway, Suite 3000</b> <b>Atlanta, GA 30328</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, KEVIN 1117 PERIMETER CENTER WEST., STE 500E ALTANTA GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>American Consumer Alliance, Inc.</b> <b>Five Concourse Parkway, Suite 3000</b> <b>Atlanta, GA 30328</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition

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 617, 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:** Celina S Bufano **4/1/04** **770 3993113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #