FILED
Apr 16, 2003 8:00 am
Secretary of State
03-31-2003 90187 028 ****61.25

55026262

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004451

1. Entity Name
AMERICAN CONSUMER ALLIANCE, INC.

Principal Place of Business	Mailing Address
2570 W INTERNATIONAL SPEEDWAY BLVD SUITE 100 DAYTONA BEACH, FL 32114 US	1117 PERIMETER CENTER WEST., STE 500E ATLANTA, GA 30338 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1117 Perimeter Center West	
Suite, Apt. #, etc. Suite 500 E	Suite, Apt. #, etc.
City & State Atlanta, GA	City & State
Zip / Country 30338 / USA	Zip / Country

4. FEI Number 59-3232297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUFANO, CELINA 480 FENTRESS BLVD., SUITE I DAYTONA BEACH, FL 32114	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System 1200 South Pine Island Rd. City: Plantation FL Zip Code: 33324

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: Joan Bolden Joan Bolden, Assistant Secretary 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Florida Department of State

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BUFANO, CELINA S 1117 PERIMETER CENTER WEST., STE 500E ALTANTA, GA 30338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMSKY, BRETT 1117 PERIMETER CENTER WEST., STE 500E ALTANTA, GA 30338	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holmes, Samuel D. 1117 Perimeter Center West, Ste. 500 E Atlanta, GA 30338	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIDD, ANDREW 1117 PERIMETER CENTER WEST., STE 500E ALTANTA, GA 30338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, KEVIN 1117 PERIMETER CENTER WEST., STE 500E ALTANTA, GA 30338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 A. Bufano 3/11/03 7703993113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #