


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90039 030 \*\*\*150.00

<b>DOCUMENT # F95000001006</b>	
1. Entity Name <b>ALAR, INC.</b>	

Principal Place of Business <b>C/O 10100 INTERNATIONAL DR. ORLANDO FL 32821</b>	Mailing Address <b>C/O 10100 INTERNATIONAL DR. ORLANDO FL 32821</b>
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2. Principal Place of Business <b>4401 S. ORANGE AVE #117</b>	3. Mailing Address <b>4630 SOUTH KIRKMAN RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#276</b>

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32806</b>	Zip <b>32811</b>
Country <b>USA</b>	Country <b>USA</b>

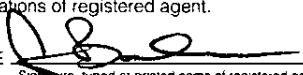


MOORE CR2E034 (11/03)

4. FEI Number <b>84-1295042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BAKER, JOSEPH 10100 INTERNATIONAL DR. ORLANDO FL 32821</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b><del>4630 SOUTH</del> 4401 S. ORANGE AVE #117</b> <b>ORLANDO, FL 32806</b> City <b>FL</b> Zip Code
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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.

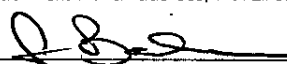
SIGNATURE  **JOSEPH BAKER, PRESIDENT** DATE **03/24/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST BAKER, JOSEPH 10100 INTERNATIONAL DR. ORLANDO FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4401 S. ORANGE AVE #117</b> <b>ORLANDO, FL 32806</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JOSEPH 10100 INTERNATIONAL DR. ORLANDO FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4401 S. ORANGE AVE #117</b> <b>ORLANDO, FL 32806</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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"/> Change <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 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:  **JOSEPH BAKER, PRESIDENT** DATE **03/24/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR