2005 FOR PROFIT CORPORATION

Aug 10, 2005 08:00 AM . Secretary of State **ANNUAL REPORT** DOCUMENT # G19358 1. Entity Name ALBÉRS & ASSOCIATES, INC. Mailing Address Principal Place of Business 1026 ORANGE GROVE LANE 1026 ORANGE GROVE LANE 620 CROWN OAK CENTRE DR APOPKA, FL 32712-2141 US APOPKA, FL 32712-2141 US 08072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2258722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALBERS, THOMAS G DO NOT WRITE 1026 ORANGE GROVE LANE APOPKA, FL 32712 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PST TITLE ALBERS, THOMAS G. NAME 1026 ORANGE GROVE LANE STREET ADDRESS APOPKA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000376069 es:10/05-80903-010-150,90 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 certify 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED