2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2005 08:00 AM Secretary of State **DOCUMENT # G50371** 1. Entity Name ALSECO, INC. Principal Place of Business Mailing Address 2812 N ORANGE BLOSSOM TR 2812 N ORANGE BLOSSOM TR ORLANDO, FL 32804 ORLANDO, FL 32804 US 01032005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2309341 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRADY, JAMES A DO NOT WRITE 8003 COUNTRY RUN PKWY ORLANDO, FL 32818 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Unnnon0267934 Trust Fund Contribution. Added to Fees 03/18/05-80022-010 OFFICERS AND DIFFECTORS 10. PSD TIRE NAME GRADY, JAMES A JR. 8003 COUNTRY RUN PKWY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 TITLE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CTY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all officer the empowered. 407-296-5211 SIGNATURE:

OFFICER OR DIRECTOR

FILED