


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # J24143 |  |
| 1. Entity Name ALHEIM ENTERPRISES, INC. | |

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| Principal Place of Business 14774 VIATIVOLI CT DAVIE, FL 33325 | Mailing Address 14774 VIATIVOLI CT DAVIE, FL 33325 |
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2698744 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ALHEIM, KENNETH J 14774 VIA TIVOLI CT DAVIE, FL 33325 |
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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 _____ DATE _____
Signature typed or printed, if not registered agent and if not applicable. (NOTE: Registered Agent signature required when not holding)

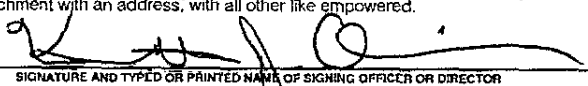
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD ALHEIM, KENNETH J 1392 NW 97TH TERRACE PEMBROKE PINES, FL |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PSTD ALHEIM, KENNETH J 14774 VIA TIVOLI CT DAVIE, FL 33325 |
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04/27/05-80123-016 158.75

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:  **4/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR