


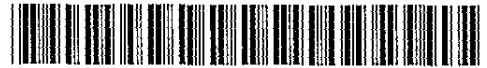
**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005918 1. Entity Name FUNERAL & CEMETERY ALLIANCE, INC.	
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Principal Place of Business 3165 MCCRORY PLACE, STE 185 ORLANDO, FL 32803	Mailing Address PO BOX 561008 MIAMI, FL 33256
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1132916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COLEMAN, PHILLIP LLOYD 9013 SW 78 PL MIAMI, FL 33156
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2006	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	D USELTON, MIKE 3904 CORTEZ RE WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST COLEMAN, PHILLIP LLOYD PO BOX 561008 MIAMI, FL 332561008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOPKE, KEENAN 1750 CULLEW RD. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OGIER, MATTHEWES 1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, TERRY 1717 BOGGY CREEK RD. KISSIMMEE, FL 34244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/06-80005-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I 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 119, 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 information required.

SIGNATURE:  **PHILLIP LLOYD COLEMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/6/06** **3052454444**
Date Daytime Phone #