

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005
Secretary of State

DOCUMENT# N01000006607

Entity Name: KREWE OF ALAFIA NORSEMEN, INC.

Current Principal Place of Business:

4327 SWIFT CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6241
BRANDON, FL 335086241

New Mailing Address:

FEI Number: 04-3686863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAVOY, TIM
Address: 4327 SWIFT CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: KERLER, ANTON
Address: 3733 HOLLOW WOOD DR
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: KERLER, CHRISTINA
Address: 3733 HOLLOW WOOD DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: STEIN, RICHARD
Address: 4327 SWIFT CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: MONETTE, RICKIE
Address: 4040 EAGLES NEST DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE L. SALABARRIA

TD

05/17/2005

Electronic Signature of Signing Officer or Director

_____ Date