

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008139

Entity Name: VIEWPOINTS ALLIANCE, INC.

FILED  
Apr 25, 2004  
Secretary of State

## Current Principal Place of Business:

360 N BAYSHORE BLVD #103  
CLEARWATER, FL 33759

## New Principal Place of Business:

P.O. BOX 343  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

PO BOX 343  
SAFETY HARBOR, FL 34695

## New Mailing Address:

FEI Number: 65-1160483      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHWARTZ, WENDY  
360 N. BAYSHORE BLVD., #103  
CLEARWATER, FL 33759      US

## Name and Address of New Registered Agent:

SEGADE, WENDY J  
P.O. BOX 343  
SAFETY HARBOR, FL 34695      US

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: WENDY J SEGADE

04/25/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD      ( ) Delete  
Name: SCUARTZ, WENDY  
Address: 31 SUMMIT LN  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPMD      ( ) Delete  
Name: SCHENBAUM, DEBBIE  
Address: 103 GEDNEY ST  
City-St-Zip: NYACK, NY 10960

Title: TD      ( ) Delete  
Name: SCUARTZ, JOEL  
Address: 84 CALVERT ST  
City-St-Zip: HARRISON, NY 10528

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD      (X) Change ( ) Addition  
Name: SEGADE, WENDY J  
Address: P.O. BOX 343  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPMD      (X) Change ( ) Addition  
Name: SCHOENBAUM, DEBBIE  
Address: 103 GEDNEY ST  
City-St-Zip: NYACK, NY 10960

Title: TD      (X) Change ( ) Addition  
Name: SCHWARTZ, JOEL  
Address: 84 CALVERT ST  
City-St-Zip: HARRISON, NY 10528

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: WENDY J. SEGADE

PSD

04/25/2004

Electronic Signature of Signing Officer or Director

Date