


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N0300000607 1. Entity Name ALERT INTERNATIONAL, INC.	
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Principal Place of Business 2840 WEST BAY DRIVE., #330 BELLEAIR BLUFFS FL 33770	Mailing Address 2840 WEST BAY DRIVE., #330 BELLEAIR BLUFFS FL 33770
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3709144	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PAYSON, GEORGE S III 2840 WEST BAY DRIVE., SUITE 330 BELLEAIR BLUFFS FL 33770	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete HAWKES, EVELYN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000271809 03/21/05-80062-019 70.00
STREET ADDRESS	1615 STORINGTON AVENUE	STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33511	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete PAYSON, GEORGE S III	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2840 WEST BAY DRIVE., #330	STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL 33770	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete GOLDBERG, SHELDON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	229 WINDWARD PASSAGE	STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33767	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 617, 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:  14 MAR 05 727-587-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR