## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003083

FILED Jun 24, 2004 Secretary of State

Entity Name: HIGHER OCTAVE "TOOLS FOR LIVING" (ALLIANCE OF DIVINE LOVE) INC.

Current Principal Place of Business:		New Principal Place of Business:		
10 S PINI AKE WO	EST RTH, FL 3346	60		
Current Mailing Address:		New Mailing Address:		
10 S PINI AKE WO	EST RTH, FL 3346	50		
El Number	: 65-1130325	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	Current Registered Agent:	Name and Address o	of New Registered Agent:
	DY, ANALLIA			
		60		
he above	EST RTH, FL 3346		purpose of changing its registered	d office or registered agent, or both,
AKE WO he above the State	E ST PRTH, FL 3346 named entity e of Florida.		purpose of changing its registered	d office or registered agent, or both,
AKE WO	E ST RTH, FL 3346 named entity e of Florida. RE:			d office or registered agent, or both,  Date
AKE WO The above The State SIGNATUI	E ST RTH, FL 3346 named entity e of Florida. RE:	submits this statement for the labels and the labels are statement for the	ent	
AKE WO The above The State	E ST RTH, FL 3346 named entity e of Florida.  RE: Electror S AND DIREC	submits this statement for the nic Signature of Registered Age TORS:  Delete NALLIA	ent	Date
he above the State IGNATUI  PFFICER: tte: ame: ddress:	E ST PRTH, FL 3346  e named entity of e of Florida.  RE: Electron  S AND DIREC  DPT ( ANUI-CROY, AI 710 S PINE ST LAKE WORTH,	submits this statement for the nic Signature of Registered Agoroms:  Delete NALLIA FL 33460  Delete MBERLY	ent  ADDITIONS/CHANGE  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ANALLIA ANUI-CROY DPT 06/24/2004