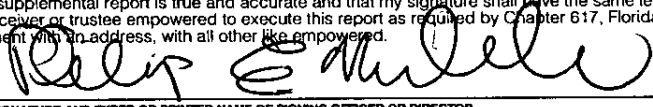


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90051 017 ****61.25

DOCUMENT # N15307 1. Entity Name ALOMA CENTER EAST, INC.					
Principal Place of Business 7208 ALOMA AVE SUITE 100-600 WINTER PARK, FL 32792 US				Mailing Address 1654 WALSH ST OVIEDO, FL 32765 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4737 RIVERTON DR Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL		4. FEI Number 59-2871479	
Zip 32817		Country ORANGE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROMBACH, PHILIP 1654 WALSH ST OVIEDO, FL 32765				7. Name and Address of New Registered Agent Name SAME REGISTERED AGENT Street Address (P.O. Box Number is Not Acceptable) 4737 RIVERTON DR. City ORLANDO State FL Zip Code 32817	
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 2/17/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KROMBACH, PHILIP ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROMBACH, MARILYN ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JOHN V P.A. ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	213 S. SWOOPE AVE MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4737 RIVERTON DR. ORLANDO, FL 32817				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4737 RIVERTON DR. ORLANDO, FL 32817				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  DATE 2/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					