

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90006 009 \*\*\*\*61.25

<b>DOCUMENT # N15307</b> 1. Entity Name <b>ALOMA CENTER EAST, INC.</b>					
Principal Place of Business <b>7208 ALOMA AVE SUITE 100-600 WINTER PARK, FL 32792 US</b>				Mailing Address <b>4737 RIVERTON DR. ORLANDO, FL 32817 US</b>	
2. Principal Place of Business		3. Mailing Address <b>178 VERONA DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>POINCIANA FL</b>			
Zip	Country	Zip <b>34759</b>	Country <b>USA</b>	4. FEI Number <b>59-2871479</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KROMBACH, PHILIP 4737 RIVERTON DR. ORLANDO, FL 32817</b>			7. Name and Address of New Registered Agent Name <b>PHILIP KROMBACH</b> Street Address (P.O. Box Number is Not Acceptable) <b>178 VERONA DR</b> City <b>POINCIANA FL</b> Zip Code <b>34759</b>		
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 <b>PHILIP KROMBACH</b> <i>Philip Krombach</i> <b>01-04-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT KROMBACH, PHILIP 4737 RIVERTON DR. ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KROMBACH, MARILYN 4737 RIVERTON DR. ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUM, JOHN V P.A. 213 S. SWOOPE AVE MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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 <b>PHILIP KROMBACH</b> <i>Philip Krombach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		



01042005 Chg-NP CR2E037 (10/03)

863-427-7497  
01-04-05