

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048557

FILED
Apr 23, 2004
Secretary of State

Entity Name: FIRST ALLIANCE CAPITAL, INC.

Current Principal Place of Business:

1619 CONWAY GARDENS
ORLANDO, FL 32806

New Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

Current Mailing Address:

1619 CONWAY GARDENS
ORLANDO, FL 32806

New Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

FEI Number: 59-3643219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALGIER, FOSTER
1619 CONWAY GARDENS ROAD
ORLANDO, FL 32806

Name and Address of New Registered Agent:

ALGIER, FOSTER
1053 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALGIER, FOSTER
Address: 1619 CONWAY GARDENS ROAD
City-St-Zip: ORLANDO, FL 32806

Title: VP () Delete
Name: CRAGER, ROBERT J
Address: 1619 CONWAY GARDENS ROAD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALGIER, FOSTER
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Change () Addition
Name: CRAGER, ROBERT J
Address: 1053 MAITLAND CENTER COMMONS BLVD
City-St-Zip: MAITLAND, FL 32751

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FOSTER ALGIER

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date