

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050391

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ALL AMERICANS FINANCIAL RESOURCE ALLIANCE, INC.

## Current Principal Place of Business:

1055 MAITLAND CENTER COMMONS  
SUITE 201  
MAITLAND, FL 32751

## New Principal Place of Business:

160 INTERNATIONAL PARKWAY  
SUITE 140  
HEATHROW, FL 32746

## Current Mailing Address:

1055 MAITLAND CENTER COMMONS  
SUITE 201  
MAITLAND, FL 32751

## New Mailing Address:

160 INTERNATIONAL PARKWAY  
SUITE 140  
HEATHROW, FL 32746

FEI Number: 59-3684264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THORPE, LYSANDER  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: TRIER, MIKE  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

Title: S (X) Delete  
Name: FORD, TONDA  
Address: 1055 MAITLAND CENTER COMMONS  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BUFORD, CAROL A J  
Address: 160 INTERNATIONAL PARKWAY, #150  
City-St-Zip: HEATHROW, FL 32746

Title: VP (X) Change ( ) Addition  
Name: BUFORD, CARL  
Address: 160 INTERNATIONAL PARKWAY, #150  
City-St-Zip: HEATHROW, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROL A. J. BUFORD

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date