2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P00000115261

Entity Name: ALIGNMARK, INC.

Current Principal Place of Business:

1057 MAITLAND CENTER COMMOS BLVD
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1057 MAITLAND CENTER COMMOS BLVD
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3686385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERKSON, GARY M
MORAN & SHAMS, P.A. ATTORNEY AT LAW
111 NORTH ORANGE AVENUE SUITE 1200
ORLANDO, FL 32801

Name and Address of New Registered Agent:

JAFFEE, CABOT L
850 BRIGHTWATER CIRCLE
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: CABOT L. JAFFEE 04/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: JAFFEE, CABOT L SR.
Address: 951 COTTONTAIL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete
Name: JAFFEE, CABOT L
Address: 850 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: TS (X) Delete
Name: BLACKMORE, LAURA
Address: 1621 MAYFIELD AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTS (X) Change ( ) Addition
Name: JAFFEE, CABOT L
Address: 850 BRIGHTWATER CIRCLE
City-St-Zip: MAITLAND, FL 32751

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: CABOT L. JAFFEE PTS 04/08/2004
Electronic Signature of Signing Officer or Director Date