

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *00000115798*

1. Entity Name

Income ALTERNATIVES, Inc

**FILED
Jun 11, 2002 8:00 am
Secretary of State**

06-11-2002 90392 001 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>12502 SEATTE SLOW DR</i>	3. Mailing Address <i>12502 SEATTE SLOW DR</i>		
Suite, Apt. #, etc. <i># 2002</i>	Suite, Apt. #, etc. <i># 2002</i>		
City & State <i>Houston, TX</i>	City & State <i>Houston, TX</i>		
Zip <i>77065</i>	Country <i>USA</i>	Zip <i>77065</i>	Country <i>USA</i>
		4. FEI Number <i>59-3685232</i>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael McCay
Street Address (P.O. Box Number is Not Acceptable)
5821 BALDERRAS AVE

City
PENSACOLA FL Zip Code
32507

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.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>PRESIDENT John Conroy 326 PELAN MEADOW DR BATON ROUGE, LA 70810</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>V. PRESIDENT THOMAS A. HOBROOK JR. 3900 NEW YORK DR DETROIT, MI 48202</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SECRETARY KEITH REID 340 NORTHERN 1ST DR SUN CITY, AZ 85351</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i></i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i></i>
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Conroy

531-02 832-912-8589

Date

Daytime Phone #

May 31, 2002

Attached
P0000115798
112800

To Whom It May Concern:

Please accept our payment of \$150.00 for filing of our UBR report. We did not receive our report this year because of the corporation moving to Texas. When we called and requested a form it took over two weeks to receive. Enclosed is our full payment. Thank you in advance for your consideration.

Michael C McVay

Registered Agent