## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000018267

Entity Name: AVALANCHE GROUP, INC.

FILED Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12157 W. LINEBAUGH AVE., #211 12157 W. LINEBAUGH AVE. TAMPA, FL 336261732 SUITE 211 TAMPA, FL 336261732 **Current Mailing Address: New Mailing Address:** 12157 W. LINEBAUGH AVE. 12157 W. LINEBAUGH AVE., #211 TAMPA, FL 336261732 SUITE 211 TAMPA, FL 336261732 FEI Number: 59-3702996 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOUTELLE, JONATHAN 12017 MOUNTBATTEN DR. TAMPA, FL 33626 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition TAITT, DUNCAN Name: Name: 12157 W. LINEBAUGH AVE., #211 Address: Address: City-St-Zip: TAMPA, FL 336261732 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BOUTELLE, JONATHAN Name: 12157 W. LINEBAUGH AVE., #211 Address: Address: TAMPA, FL 336261732 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition RANDOLPH, DIETER Name: Name: 12157 W LINEBAUGH AVE 211 Address: Address: City-St-Zip: TAMPA, FL 336261732 City-St-Zip: Title: () Delete Title: () Change () Addition NOLAN, JERRY Name: Name: Address: 12157 W. LINEBAUGH AVE., #211 Address: City-St-Zip: TAMPA, FL 336261732 City-St-Zip: Title: Title: () Delete () Change () Addition CAMPBELL, THOM Name: Name: 12157 W. LINEBAUGH AVE., #211 Address: Address: City-St-Zip: TAMPA, FL 336261732 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:	DUNCAN TAITT	D	04/27/2004