2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023835

Entity Name: ALPS RESOURCES BANKERS, INC.

FILED Sep 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102

PALM BEACH, FL 33480 PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102

PALM BEACH, FL 33480 PALM BEACH, FL 33480

FEI Number: 65-1120089 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:

RAMPADARUTH, AMAL RAMPADARUTH, AMAL 292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102

PALM BEACH, FL 33480 PALM BEACH, FL 33480

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: RAMPADARUTH AMAL 09/09/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RAMPADARUTH, AMAL RAMPADARUTH, AMAL Name: Name:

292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102 Address: Address:

City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

() Delete Title: (X) Change () Addition Title: RAMPADARUTH, AMAL RAMPADARUTH, AMAL Name: Name:

292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102 Address: Address:

PALM BEACH, FL 33480 PALM BEACH, FL 33480 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition RAMPADARUTH, JADOOMANEE RAMPADARUTH, JADOOMANEE Name: Name: 292 SOUTH COUNTY ROAD STE 109 350 SOUTH COUNTY ROAD STE 102 Address: Address:

City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480

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: RAMPADARUTH AMAL D 09/09/2004