2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 28, 2007 08:00 AM **DOCUMENT # P01000050429 Secretary of State** ALTÉRNATIVE BUSINESS ADVICE, INC Principal Place of Business Mailing Address 1036 POPLAR CIRCLE WESTON, FL 33326 1036 POPLAR CIRCLE WESTON, FL 33326 US CR2E034 (11/05) 02182007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0110935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOMFELT, KURT 1036 POPLAR CIRCLE DO NOT WRITE WESTON, FL 33326 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and time if applicable, (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME HOMFELT, KURT 1036 POPLAR CIRCLE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS 000000650987 03/08/07-80034-024 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP DHE NAME STREET ADDRESS CITY-ST-ZIP