


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90021 015 ***150.00

DOCUMENT # P01000076650	
1. Entity Name BOCACIEGAALUMNI.COM INC.	

Principal Place of Business 7800 PAR AVE. N ST. PETERSBURG FL 33710	Mailing Address 7800 PAR AVE. N ST. PETERSBURG FL 33710
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2. Principal Place of Business 540 Carillon Parkway	3. Mailing Address 540 Carillon Parkway
Suite, Apt. #, etc. Apt. 1054	Suite, Apt. #, etc. Apt 1054
City & State St. Petersburg, Fl 33710	City & State St. Petersburg, Fl
Zip 33716	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HODGES, PAUL S ☐ 50 S. BELCHER RD., STE. 115 CLEARWATER FL 33765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Paul S. Hodges DATE 3-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICHARD, ALFRED A 7800 PAR AVENUE NORTH SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 Carillon Parkway #1054 St. Petersburg, Fl 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOULOU, DEAN 7391 118TH TERRACE NORTH LARGO FL 33733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YANCEY, ROBERTA 5942 BURLINGTON AVE NORTH SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICHARD, PIPER T 7800 PAR AVENUE NORTH SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 Carillon Parkway #1054 St. Petersburg, Fl 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Piper T. Prichard **Piper T. Prichard 3-23-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR