2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90053 025 ***150.00

DOCUMENT # P01000078534

1. Entity Name
STRATEGIC ALLIANCE FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
601 CLEVELAND ST. SUITE 340 CLEARWATER, FL 33755	601 CLEVELAND ST. SUITE 340 CLEARWATER, FL 33755

03192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2963 GULF-to-BAY BLVD.		4185 AMBER LANE	
Suite, Apt. #, etc.: SUITE 330		Suite, Apt. #, etc.: ~~PALM HARBOR~~	
City & State: CLEARWATER, FL.		City & State: PALM HARBOR, FL.	
Zip: 33759	Country: USA	Zip: 34685	Country: USA

4. FEI Number: 74-3027115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY S
~~601 CLEVELAND ST.~~
~~SUITE 340~~
~~CLEARWATER, FL 33755~~
4185 AMBER LANE
PALM HARBOR, FL.
34685

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 4185 AMBER LANE
~~PALM H~~
City: PALM HARBOR FL Zip Code: 34685

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: Tim Kelly TIMOTHY S KELLY PRES/CEO 3-29-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, TIMOTHY S ~~601 CLEVELAND ST. STE 340~~ ~~CLEARWATER, FL 33755~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4185 AMBER LANE PALM HARBOR, FL. 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Tim Kelly TIMOTHY S. KELLY PRES/CEO 3-29-05 (727)442-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #