


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90279 033 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P01000094426                                    |  |
| 1. Entity Name<br><b>THE BUSINESS ALLIANCE GROUP, INC.</b> |   |

**DO NOT WRITE IN THIS SPACE**

11013968

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>6250 SHILOH ROAD</b><br>Suite, Apt. #, etc.<br><b>SUITE 110</b><br>City & State<br><b>ALPHARETTA, GA</b><br>Zip<br><b>30005</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>6250 SHILOH ROAD</b><br>Suite, Apt. #, etc.<br><b>SUITE 110</b><br>City & State<br><b>ALPHARETTA, GA</b><br>Zip<br><b>30005</b> Country<br><b>USA</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 4. FEI Number<br><b>65-1151854</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|   |
|---|
| Name<br><b>CORPORATION SERVICE COMPANY</b>                                    |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b> |
| City<br><b>TALLAHASSEE</b> FL Zip Code<br><b>32301-2525</b>                   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

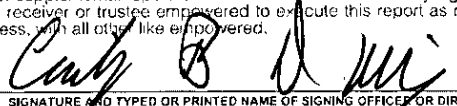
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DUNNING, CURTIS B.<br/>6250 SHILOH ROAD, STE. 110<br/>ALPHARETTA, GA 30005</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 770-887-4087  
Date Daytime Phone

CR2E034B (12/02)