



2004 **PROFIT CORPORATION**
SALES ALLIANCE ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084884	
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Principal Place of Business 3984 LAKE MIRA DRIVE ORLANDO, FL 32817	Mailing Address 3984 LAKE MIRA DRIVE ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE

	
01262004 No Chg-P	CR2E034 (10/03)
4. FEI Number 57-1146771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PECKHAM, DAVID 3984 LAKE MIRA DRIVE ORLANDO, FL 32817	DO NOT WRITE IN THIS SPACE
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECKHAM, DAVID 3984 LAKE MIRA DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECKHAM, HEIDI 3984 LAKE MIRA DRIVE ORLANDO, FL 32817
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04/12/04-80036-003 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>David Peckham</u>	<u>March 30, 2004</u>	<u>407-672-1536</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>