2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2006 08:00 AN DOCUMENT # P02000084884 1. Entry Name **Secretary of State** SALES ALLIANCE, INC. Principal Place of Business Mailing Address 3984 LAKE MIRA DRIVE ORLANDO FL 32817 3984 LAKE MIRA DRIVE ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 57-1146771 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PECKHAM, DAVID Street Address (P.O. Box Number is Not Acceptable) 3984 LAKÉ MIRA DRIVE ORLANDO FL 32817 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete RHE ☐ Chance ☐ Addition PECKHAM, DAVID NAME NAME U00000509121 STREET ADDRESS 3984 LAKE MIRA DRIVE STREET ADDRESS 04/28/06-80027-025 150.00 CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Aòdilir NAME PECKHAM, HEIDI NAME STREET ADDRESS 3984 LAKE MIRA DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Ascidio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 🔲 Addiiio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete ☐ A. ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.