2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

Section Marina Cove DRIVE #201 Solid Marina Cove DRIVE #201 NAPILES, FL 34112 Solid Marina Cove DRIVE #201 NAPILES, FL 34112 Solid Marina Cove DRIVE #201 NAPILES, FL 34112 Solid Marina Cove DRIVE #201	DOCUMENT # P02000105845 1. Entity Name ALLSTATE CONFIDENTIAL, INC.				. 05-06-2004 90169 013 ***150.00					
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Sulfic. Act. #, etc. Sulfic. Act. #, etc. Cog. Chg. P CR2E034 (10/03)	2. Principal Place of Business 595 GOYOOLAPO = 05 (0000)			ACC						
Signature grant of the purpose of changing its registered agent. Signature grant gr						Chg-P		CR2E03	34 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, from the purpose of changing its registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. Lam tamiliar with, and accept the obligations of registered agent. Or both, in the State of Fonda. Lam tamiliar with, and accept the obligation of the obligation of printed remote degree of the purpose of changing its registered agent or both, in the State of Fonda. Lam tamiliar with, and accept the obligation of the obligation of the obligation of printed remote or p	City & State PLES, FL	PLES, FL City & State Ples, 1					-			
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Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Numbe	6. Name and Address of Current F	Registered Agent	NI		7. Name and	Address of	New Rec			
8 The above named entity submits this statement for the purpose of changing its registered agent, or tegistered agent. SIGNATURE			,	ddress (P	NE E O. Box Numb	er is Not Acc	eptable)	GRS	2011	
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 Fiorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, fixed or printed name of registered agent and title it appealable. PILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 PUPT TITLE NAME Sheat ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete TITLE Delete TIT	MIAMI BEACH, FL 33139		80	155	FO	NTA	JA	Dul	500	lua
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SIGNATURE Signature, Sport or printed forms of registered again and tize if applicable. (NOTE: Registered Agant signature required when relinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PVPT Delete TRLE DELETED Delete TRLE DELETED DELET	The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	gistered office or	registere	d agent, or bo	oth, in the Sta	te of Florid	da. I am f	amiliar with,	and accept
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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: Orange Landerson, Duector 4/30/04 (239)262-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #

Jane E. LAUBERSON