2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000112840

1. Entity Name

ALE HOUSE AND SPORTS BAR OF AMERICA INC.



FILED Apr 13, 2005 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2161 PALM BEACH LAKES BOULEVARD SHITE 403

SUITE 403 West Palm Beach, FL 33409 2161 PALM BEACH LAKES BOULEVARD SUITE 403

WEST PALM BEACH, FL 33409



 \Box

DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREEFER, JAY C 2161 PALM BEACH LAKES BOULEVARD SUITE 403 WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the pons of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature typed or printed name of registered agent and title	f apolicable. {NOTE Registere	of Agent signature	e required when reinstaking)	OAIF	
	E NOW!!! FEE IS \$150.00 ly 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	Unnoon301880 04/13/05-80048-011 150.00	
	OFFICERS AND DIREC D PREEFER, JAY C 2161 PALM BEACH LAKES BLVD, #4 WEST PALM BEACH, FL 33409					
NAME STREET ADDRESS	D PREEFER, RICHARD 2161 PALM BEACH LAKES BLVD, #403 WEST PALM BEACH, FL 33409					
TITLE NAME STREET ADORESS CITY ST ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY ST ZIP						
TITLE			1			

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 of the 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 expowered 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: _

NAME STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

561-689-7706

Richard Preefer