

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047470

Entity Name: ALCHEMY 819 INC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

819 VIRGINIA DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

819 VIRGINIA DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 42-1587088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, ELIZABETH
306 LAKEVIEW ST #106
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

GAMMICHIA, CORINNE E
2812 EDGEWATER DRIVE
ORLANDO, FL 32804 US

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.

SIGNATURE: CORINNE GAMMICHIA

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT (X) Delete
Name: WOODS, ELIZABETH
Address: 306 LAKEVIEW T # 106
City-St-Zip: ORLANDO, FL 32804

Title: VS () Delete
Name: HARF, DANIEL
Address: 11600 LAKE WILLIS DR
City-St-Zip: ORLANDO, FL 32821

Title: D () Delete
Name: GAMMICHIA, CORINNE
Address: 1800 1/2 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HARF, DANIEL
Address: 11600 LAKE WILLIS DR
City-St-Zip: ORLANDO, FL 32821

Title: P (X) Change () Addition
Name: GAMMICHIA, CORINNE
Address: 2812 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORINNE GAMMICHIA

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date