2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	ie	# P0300053 /ALK, INC.	971				05\$PR25 PH12:01		
Principal Place 2221 LEE RO WINTER PARI	DAD STE 28		Mailing Address 2221 LEE ROAD STE 28 WINTER PARK, FL 32789				DE DONAL DE LA FRANCIA		
					8.75				
2. Principal P			3. Mailing Address	3. Mailing Address 650 S. Northlake Blud					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			v.c.	03312005 Chg-P CR2E034 (10/03)		
Suite 450 City & State			Suite 450 City & State				4. FEI Number Applied For		
Altamonto Springs FL			Altamonte Springs Fl			= 1	20-0028488 Not Applicable		
Zip 3270	ا ،د	Country USA	Zip 33701	Cour	Country USIA		5. Certificate of Status Desired \$8.75 Additional Fee Required		
		Registered Agent		Name		7. Name and Address of New Registered Agent			
LECCESE, SALVADOR									
2 221 LEE ROAD S TE 28 W INTER PARK, FL-32 789					Street Address (P.O. Box Number is Not Acceptable)				
VIIIVER (IVIII) LE CELLO					650 S. Northlake Blud, Suite 450				
City Hamonie Springs FL Zip Code 33701									
b. The above harried entity southful state statement for the purpose of changing its registered direct of registered agent, or both, in the State of Fordat, 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 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	РТ	OFFICERS AND	DIRECTORS Delete	11. TITL		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☑ Change ☐ Addition		
NAME					AE .				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP	650 AH) S. Northlake Blud, Suite 450 Limonte Springs, FL 33701		
TITLE	VPS	· · ·	☐ Delete	τιτι	LE	1000	Change ☐ Addition		
NAME STREET ADDRESS	i '			NAME STREET ADDRESS (650			S. Northlake Blud, Suite 450		
CITY-ST-ZIP				CITY-ST-ZIP			amonte Springs, FL 33701		
TITLE			☐ Delete	TITE			☐ Change ☐ Addition		
NAME Street Address				'NAM STR	keet address				
CITY-ST-ZIP				CIT	Y-ST-ZIP				
TITLE NAME			☐ Delete	TITL			Change Addition		
STREET ADDRESS				STR	REET ADDRESS		900054750839 05/18/0501062011 **308.75		
CITY-ST-ZIP	<u> </u>			_	Y-ST-ZIP				
TITLE NAME			☐ Delete	ITIT Man			☐ Change ☐ Addition		
STREET ADDRESS					REET ADDRESS				
TITLE			☐ Delete	Cit	Y-ST-ZIP	<u> </u>	☐ Change ☐ Addition		
NAME			L Delete	NAI			Change D Applifor		
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP				
12. I hereby	j certify that th	e information supplied with	n this filing does not qualify fo	or the exi	emption sta	l ted in Se	ection 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.									
changed	, or on an att	acriment with an address,	weri all other like empowered	J.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-6-05 Date Dayting Prone *									
Date Dayone Profes									