2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P03000081793

Entity Name: ALLIE 48, INC.

Current Principal Place of Business:

304 AVIATION PKWY.
CAPE CORAL, FL 33904

New Principal Place of Business:

615 CROSS ST.
UNIT 1103
PUNTA GORDA, FL 33950

Current Mailing Address:

304 AVIATION PKWY.
CAPE CORAL, FL 33904

New Mailing Address:

615 CROSS ST.
UNIT 1103
PUNTA GORDA, FL 33950

FEI Number: 27-0063883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ALEXANDER W
304 AVIATION PKWY.
CAPE CORAL, FL 33904

Name and Address of New Registered Agent:

WILLIAMS, ALEXANDER W
15550 BURNT STORE RD.
154
PUNTA GORDA, FL 33955

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: 04/02/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, ALEXANDER W
Address: 304 AVIATION PKWY.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, ALEXANDER W
Address: 15550 BURNT STORE RD. UNIT 154
City-St-Zip: PUNTA GORDA, FL 33955

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: ALEXANDER W. WILLIAMS P 04/02/2004
Electronic Signature of Signing Officer or Director — Date