

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104815

Entity Name: SALLENZ, INC.

FILED  
Jan 13, 2005  
Secretary of State

## Current Principal Place of Business:

515 EAST ALTAMONTE DR.  
SUITE #1021  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

515 EAST ALTAMONTE DR.  
SUITE # 1021  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

249 WEST STATE ROAD 436  
SUITE #1077  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

249 WEST STATE ROAD 436  
SUITE # 1077  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 13-4264928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEPARD, JAMES E ESQ.  
1450 STATE RD. 434 WEST, STE. 200  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ALLEN, DEBORAH R MS.  
Address: 31235 ORANGE ST  
City-St-Zip: SORRENTO, FL 32776 LK

Title: VP ( ) Delete  
Name: SALIZON, CRISTINA C MS.  
Address: 31235 ORANGE ST  
City-St-Zip: SORRENTO, FL 32776 LK

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBORAH R. ALLEN

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

Date