# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# P03000124632

**Entity Name:** ALLIANCE PROFESSIONAL GROUP, INC.

**Current Principal Place of Business:**

5542 LB MCLEOD RD
ORLANDO, FL 32811

**New Principal Place of Business:**

P. O. BOX 692206
ORLANDO, FL 32869

**Current Mailing Address:**

5542 LB MCLEOD RD
ORLANDO, FL 32811

**New Mailing Address:**

P. O. BOX 692206
ORLANDO, FL 32869

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RASCOE, THOMAS
5542 LB MCLEOD RD
ORLANDO, FL 32811

**Name and Address of New Registered Agent:**

RASCOE, THOMAS
P. O. BOX 692206
ORLANDO, FL 32869

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: 04/30/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: RASCOE, THOMAS
Address: 5542 LB MCLEOD RD
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: CRUZ, MARK
Address: 5542 LB MCLEOD RD
City-St-Zip: ORLANDO, FL 32811

Title: V ( ) Delete
Name: AVERBUKH, MICHAEL
Address: PO BOX 692206
City-St-Zip: ORLANDO, FL 32869

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: RASCOE, THOMAS
Address: P.O. BOX 692206
City-St-Zip: ORLANDO, FL 32869

Title: D (X) Change ( ) Addition
Name: CRUZ, MARK
Address: P. O. BOX 692206
City-St-Zip: ORLANDO, FL 32869

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: MICHAEL AVERBUKH V 04/30/2004
Electronic Signature of Signing Officer or Director — Date