

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077420

FILED
May 01, 2005
Secretary of State

Entity Name: ALLIANCE NOTARY AND DOCUMENT SERVICES, INC.

Current Principal Place of Business:

PO BOX 291526
PORT ORANGE, FL 321291526

New Principal Place of Business:

Current Mailing Address:

PO BOX 291526
PORT ORANGE, FL 321291526

New Mailing Address:

FEI Number: 20-1097923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, ROBERT
594 TOUCHSTONE CIRCLE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

FOWLER, ROBERT
1635 S. RIDGEWOOD AVE.
SUITE 225
SOUTH DAYTONA, FL 32119 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: ROBERT FOWLER

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWLER, DIANE
Address: 594 TOUCHSTONE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: V () Delete
Name: FOWLER, ROBERT
Address: 594 TOUCHSTONE CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOWLER, DIANE
Address: P.O. BOX 291526
City-St-Zip: PORT ORANGE, FL 321291526

Title: V (X) Change () Addition
Name: FOWLER, ROBERT
Address: P.O. BOX 291526
City-St-Zip: PORT ORANGE, FL 321291526

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: DIANE FOWLER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date