

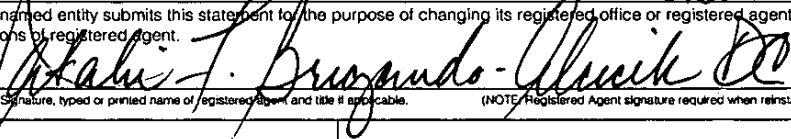
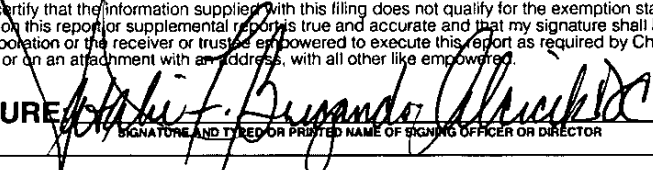


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90074 029 \*\*\*150.00

<b>DOCUMENT # P04000111689</b> 1. Entity Name <b>ALCICEK ENTERPRISES, INC.</b>					
Principal Place of Business <b>2174 HARRIS AVE NE - STE 3 PALM BAY, FL 32905</b>			Mailing Address <b>2447 N WICKHAM RD - # 138-117 MELBOURNE, FL 32935</b>		
2. Principal Place of Business <b>4910 Stack Blvd</b> Suite, Apt. #, etc. <b>Ste D3</b> City & State <b>Melbourne FL</b> Zip Country <b>32901 USA</b>		3. Mailing Address <b>4910 Stack Blvd</b> Suite, Apt. #, etc. <b>Ste D3</b> City & State <b>Melbourne FL</b> Zip Country <b>32901 USA</b>			
4. FEI Number <b>14-1914937</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRIGANDO-ALCICEK, NATALIE F 2174 HARRIS AVE NE - STE 3 PALM BAY, FL 32905</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4910 Stack Blvd</b> <b>Ste D3</b> City <b>Melbourne</b> FL Zip Code <b>32904</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>2/28/05</b> <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGANDO-ALCICEK, NATALIE F 2447 N WICKHAM RD - 138-117 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brigando-Alcicek, NATALIE F. 2815 Dairy Rd Melbourne FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brigando-Alcicek, Natalie F 4910 Stack Blvd Ste D3 Melbourne FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alcicek, TEKI 4910 Stack Blvd Ste D3 Melbourne FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alcicek, TEKI 4910 Stack Blvd Ste D3 Melbourne FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alcicek, TEKI 4910 Stack Blvd Ste D3 Melbourne FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE 			Date <b>2/28/05</b> Daytime Phone # <b>321-733-7246</b>		