## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000128614

Current Principal Place of Rusiness:

Entity Name: ALLIANCE TECHNOLOGY, INC.

FILED May 06, 2005 Secretary of State

ourient Fillicipal Flace of Business.		New Fillicipal Flace of Dusiliess.	
5331 VISTA CLUB RUN LAKE FOREST, FL 32771	US		
Current Mailing Address	:	New Mailing Address:	
5331 VISTA CLUB RUN LAKE FOREST, FL 32771	US		
FEI Number: 20-1601964	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )

New Principal Place of Rusiness:

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

LEVISON, AMY P
5331 VISTA CLUB RUN
LAKE FOREST, FL 32771 US
LEVISON, DAVID M P
5331 VISTA CLUB RUN
LAKE FOREST, FL 32771 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: DAVOD M LEVISON 05/06/2005

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition LEVISON, AMY J LEVISON, DAIVD M P Name: Name: 5331 VISTA CLUB RUN Address: 5331 VISTA CLUB RUN Address: City-St-Zip: LAKE FOREST, FL 32771 US City-St-Zip: LAKE FOREST, FL 32771 US Title: () Delete Title: ( ) Change (X) Addition

 Name:
 Name:
 LEVISON, AMY J VP

 Address:
 Address:
 5331 VISTA CLUB RUN

 City-St-Zip:
 City-St-Zip:
 LAKE FOREST, FL 32771 US

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: DAVID M LEVISON P 05/06/2005