2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135133

1. Entity Name
A & A LEGAL ALTERNATIVES, INC.

FILED
05 MAR -2 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/11/05 90026 029 $ 158.75

Principal Place of Business	Mailing Address
8800 S OCEAN HWY - # 2-1006 JENSEN BEACH, FL 34957	8800 S OCEAN HWY - # 2-1006 JENSEN BEACH, FL 34957

02042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
615 St. Lucie Crescent	615 St. Lucie Crescent
Suite, Apt. #, etc.: #2-D	Suite, Apt. #, etc.: #2-D
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number: 38-3715400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMISTEAD, MARGO R 8800 S OCEAN HWY - # 2-1006 JENSEN BEACH, FL 34957	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ARMISTEAD, MARGO R 8800 S OCEAN HWY - # 2-1006 JENSEN BEACH, FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Margo R. Armistead — Margo R. Armistead 08 Feb '05 772-219-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #