

**DOCUMENT #** 

P93000013878

1. Entity Name

ALLISEA ADVENTURES CORPORATION



## FILED Apr 30, 2004 08:00 AM Secretary of State

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Principal Place of Business				3. Mailing Address					iki <b>32</b> ki <b>14</b> ki).		[#### ###   #### -
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	FEI Number 59-3238408		<del> </del>	oplied For ot Applicable
Zip	Zip Country			Z p Country			5.	Certificate of Status Desired		S8.75 Ad	
	6. Name	and Address of	Current Registers	ed Agent			7.	Name and Address of New R	egistered /	/gent	
					-	Name					
MAJORS, STEPHEN				Street Addres			fress (P.O. E	(P.O. Box Number is Not Acceptable)			
2790 NICOLE AVE.										<del></del>	<del></del>
KISSIMM	EE FL 34747	,		<u></u>							<del>-</del>
				City			١.	<u> </u>	FL	Z.c Coc	
	e named entiry tions of regist		itement for the purp	onse of changing its re	ogistered	office or re	egistered ag	ent, or both, in the State of Flo	rida. 1 am 1	amilier with.	and accept
SIGNATURE .	Signature, typyd	or canted name of regi	Marea agora ama 161 - 201	reare (NOTE-		Kieni signature	required when to	<del>ല</del> വലേക്കൂർ ,	DATE		
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12. Thereby certify that the information supplied with this filling 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 artifices, with all other like empowered.

SIGNATURE.

Stephen Majors 27 April 04