

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 012 ***150.00

DOCUMENT # P93000072909

1. Entity Name
ALARAN, INC.



Principal Place of Business
**1941 ARBOR WAY
 MOUNT DORA FL 32757**


Mailing Address
**1941 ARBOR WAY
 MOUNT DORA FL 32757**

2. Principal Place of Business
1961 ARBOR WAY
 Suite, Apt. #, etc.

3. Mailing Address
1961 ARBOR WAY
 Suite, Apt. #, etc.

City & State
MOUNT DORA, FL
 Zip **32757** Country **USA**

City & State
MOUNT DORA, FL
 Zip **32757** Country **USA**



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3224865** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MOULDER, LARRY P
 1941 ARBOR WAY
 MOUNT DORA FL 32757**

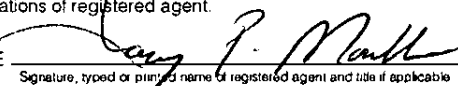
7. Name and Address of New Registered Agent

Name **MOULDER, LARRY P.**

Street Address (P.O. Box Number is Not Acceptable)
1961 ARBOR WAY

City **MOUNT DORA** State **FL** Zip Code **32757**

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 **1/31/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME MOULDER, LARRY P	
STREET ADDRESS 1941 ARBOR WAY	
CITY-ST-ZIP MOUNT DORA FL 32757	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOULDER, LARRY P.	
STREET ADDRESS 1961 ARBOR WAY	
CITY-ST-ZIP MOUNT DORA, FL 32757	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **1/31/05** (352) 383-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #