


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

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| DOCUMENT # P93000075376 1. Entity Name ALLIANCE PERFORMANCE SYSTEMS, INC. |  |
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| Principal Place of Business 5710 AUTUMN OAKS LANE NAPLES, FL 34119 US | Mailing Address 5710 AUTUMN OAKS LANE NAPLES, FL 34119 US |
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 59-3208125 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MYERS, DEBRA L 107 GRAHAM STREET SE PORT CHARLOTTE, FL 33952 |
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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 _____ (NOTE: Registered Agent signature required when relating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, DAVID D 107 GRAHAM ST SE PORT CHARLOTTE, FL 33952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, DEBRA L 107 GRAHAM ST SE PORT CHARLOTTE, FL 33952 |
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| <p>U000000191591 01/24/05-80179-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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)(f), 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: Debra L. Myers **1-17-05** **239-591-2328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #