2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P93000081355

Entity Name: ALUMNI RESEARCH, INC.

Current Principal Place of Business:

3333 U.S. 19
SUITE 3
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3500
HOLIDAY, FL 34690 US

New Mailing Address:

3333 U.S. 19
SUITE 3
HOLIDAY, FL 34691 US

FEI Number: 59-3213691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPING, ROBERT
2902 MAGNOLIA TRACE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete
Name: DEFRANK, FRANK A
Address: 3333 US 19
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: WILLIAMSON, IAN
Address: 3333 US 19
City-St-Zip: HOLIDAY, FL 34691

Title: VD ( ) Delete
Name: PELLICANE, SALVATORE J
Address: 3333 US 19
City-St-Zip: HOLIDAY, FL 34691

Title: VD ( ) Delete
Name: LAPING, ROBERT . L
Address: 3333 US 19
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change ( ) Addition
Name: DEFRANK, FRANK A
Address: 3333 US 19 STE3
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change ( ) Addition
Name: WILLIAMSON, IAN
Address: 3333 US 19 STE3
City-St-Zip: HOLIDAY, FL 34691

Title: VD (X) Change ( ) Addition
Name: PELLICANE, SALVATORE J
Address: 3333 US 19 STE3
City-St-Zip: HOLIDAY, FL 34691

Title: VD (X) Change ( ) Addition
Name: LAPING, ROBERT L
Address: 3333 US 19 STE3
City-St-Zip: HOLIDAY, FL 34691

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: ROBERT LAPING COO 03/28/2005
Electronic Signature of Signing Officer or Director Date