


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90020 020 \*\*\*150.00

<b>DOCUMENT # P96000026240</b>	
1. Entity Name <b>ALLANTE MANAGEMENT COMPANY</b>	

Principal Place of Business <b>5085 MONTAREY LN DELRAY BCH, FL 33484 US</b>	Mailing Address <b>P O BOX 1617 BOCA RATON, FL 33429 US</b>
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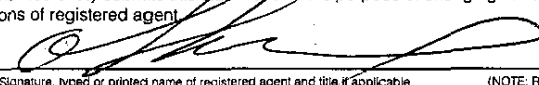


2. Principal Place of Business <b>3015 S OCEAN BLVD</b>	3. Mailing Address
Suite, Apt. #, etc. <b>APT 4A</b>	Suite, Apt. #, etc.
City & State <b>HIGHLAND BEACH FL</b>	City & State
Zip <b>33487</b>	Country

01142004 Chg-P CR2E034 (10/03)

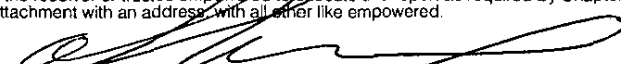
4. FEI Number <b>65-0676231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PARISI, PAUL A 5085 MONTAREY LN DELRAY BCH, FL 33484</b>	
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7. Name and Address of New Registered Agent <b>ANTHONY MANNINO 3015 S OCEAN BLVD APT 4A HIGHLAND BEACH FL 33487</b>	
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 <b>1-15-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<b>MANINO, ANTHONY</b> <input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>P O BOX 1617</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON, FL 33429</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<b>PARISI, PAUL A</b> <input checked="" type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5085 MONTAREY LN</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 <b>1-15-04</b> Daytime Phone # <b>561-265-2903</b>