

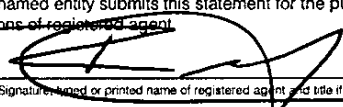
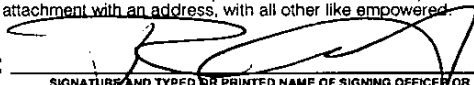


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90043 006 ***158.75

DOCUMENT # P96000076082 1. Entity Name ALLIANCE MARKETING SERVICES, INC.					
Principal Place of Business 10239 EDGEWATER DRIVE SUITE D-16 ORLANDO, FL 32810 US			Mailing Address 10239 EDGEWATER DRIVE SUITE D-16 ORLANDO, FL 32810 US		
2. Principal Place of Business 6270 Edgewater Dr Suite, Apt. #, etc. Unit 4600		3. Mailing Address 6270 Edgewater Dr Suite, Apt. #, etc. Unit 4600		50018695 	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 58-2267546	
Zip 32810		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOESLY, RICK 10239 EDGEWATER DRIVE SUITE D-16 ORLANDO, FL 32810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6270 Edgewater Dr Unit 4600 City Orlando FL Zip Code 32810	
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 2/15/05 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOESLY, KIM W 10239 EDGEWATER DRIVE, SUITE D-16 ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6270 Edgewater Dr Unit 4600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOESLY, RICK 10239 EDGEWATER DRIVE, SUITE D-16 ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6270 Edgewater Dr Unit 4600	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 2-15-05 Daytime Phone #		