## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCLIMENT # DOSOCOO24733



**FILED** May 04, 2004 8:00 am Secretary of State

1. Entity Name AMERICAN ALLIANCE SERVICE CENTER, INC.								05-0	)4-2004	90128 028 *	**150.00
Principal Place 2536 COUNT SIXTH FLOOR CLEARWATER	ryside blv R	/D.	Mailing Address 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER, FL 33763								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			(	04152004	Chg-P	Ċ	R2E034 (10/03)	i
City & State			City & State			4	1. FEI Numbe 59-365			ļ <b>-</b>	pplied For ot Applicable
Zip Country		Zíp			5	5. Certificate	of Status Desir	red [	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
					Alger Add	ATHER NORTH. Address (P.O. Box Number is Not Acceptable) LVD					
CLEARWATER, FL 34623					City a	DTH =00	FLO	ύR.		<b>F</b> ∎ Zip Coo	de, a
8. The above named entity the state of tice or regist						-ピサパ registered	agent, or bot	h, in the State	of Florida.		and accept
the obligations of the obligations of the state of the obligations of							NORTH			APR 2 1 200	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.0 Trust Fund Contribution.											
			l			<b>\$5.0</b> 0 Added	May Be to Fees				
			Trust Fu			Added	to Fees	CHANGES TO	OFFICER	S AND DIRECTOR	
After Ma	<b>PD</b>	4 Fee will be \$550.0	Trust Fu	and Contribution.		Added	to Fees ADDITIONS/	7 440			
10. TITLE NAME STREET ADDRESS	PD YORK, CI 25,36 COI	OFFICERS AND HRISTOPHER JNTRYSIDE BLVD, 6TH	DIRECTORS  DIRECTORS	Ind Contribution  11. lete TITL NAN STRI		Added	to Fees ADDITIONS/	7 440			
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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 cath; 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.

GNATURE

SIGNATURE AND THE OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Day The Phone #

726-0726