2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 012 ***150.00

DOCUMENT # P99000027124

1. Entity Name
ALTA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10500 UNIVERSITY CENTER DRIVE SUITE 143 TAMPA, FL 33612	10500 UNIVERSITY CENTER DRIVE SUITE 143 TAMPA, FL 33612

2. Principal Place of Business	3. Mailing Address
P.O. Box 11705	P.O. Box 11705
Suite, Apt. #, etc. 2908 E. McBerry St.	Suite, Apt. #, etc. 2908 E. McBerry St.
City & State Tampa, FL	City & State Tampa, FL
Zip 33680 Country USA	Zip 33680 Country USA

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3580984 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALLOTTA, PETER C 10500 UNIVERSITY CENTER DRIVE 1700 TAMPA, FL 33612	Name Joseph C. Tobi Street Address (P.O. Box Number is Not Acceptable) 514 Riviera Dr. City Tampa FL Zip Code 33606

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 Joseph C. Tobi Pres. 4/29/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BALLOTTA, PETER C 10500 UNIVERSITY CENTER DRIVE, SUITE 143 TAMPA, FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, PETER G 10500 UNIV. CENTER DR., SUITE 143 TAMPA, FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOBI, JOSEPH C 10500 UNIV. CENTER DR., SUITE 143 TAMPA, FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH C. TOBI 514 RIVIERA DR. TAMPA, FLA. 33606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Joseph C. Tobi 4/29/05 (813)237-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #