2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P99000032351

Entity Name: ADVANCED ALLERGY & ASTHMA CARE, INC.

Current Principal Place of Business:

5800 49TH STREET NORTH, SUITE #108-S
ST. PETERSBURG, FL 33709

New Principal Place of Business:

6233 66TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

5800 49TH STREET NORTH, SUITE #108-S
ST. PETERSBURG, FL 33709

New Mailing Address:

6233 66TH STREET NORTH
PINELLAS PARK, FL 33781

FEI Number: 22-3647644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMARTHY, LATHA
4310 ALDON COURT
PALM HARBOR, FL 34685 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: D ( ) Delete
Name: CHAMARTHY, LATHA M
Address: 4310 ALDON COURT
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LATHA MM. CHAMARTHY D 01/15/2004

Electronic Signature of Signing Officer or Director Date