

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039304

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** ALLIANCE CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

3165 N WHEATON POINT  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

3165 N WHEATON POINT  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 59-3583811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, ATHANELL  
3165 N WHEATON PT  
HERNANDO, FL 34442

**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: KING, ATHANELL  
Address: 1808 SHARONDALE DRIVE  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: KING, LUIS  
Address: 1808 SHARONDALE DRIVE  
City-St-Zip: CLEARWATER, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KING, ATHANELL  
Address: 3165 N WHEATON POINT  
City-St-Zip: HERNANDO, FL 34442 US

Title: D (X) Change ( ) Addition  
Name: KING, LUIS  
Address: 3165 N WHEATON POINT  
City-St-Zip: HERNANDO, FL 34442

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: LUIS A. KING

VP

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date