

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # PA9000068700			
1. Entity Name AllTech International Corporation			
Principal Place of Business		Mailing Address	
		PO Box 410601 Melbourne FL 32941	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
May 02, 2005 08:00 AM
Secretary of State
04/16/05 80002 019 **150.00

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Tony Long		Name	
605 Shorewood Drive #E 208		Street Address (P.O. Box Number is Not Acceptable)	
Cape Canaveral, FL 32920		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Tony Long	NAME	
STREET ADDRESS	PO Box 410601	STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32941	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Nicole Miller	NAME	
STREET ADDRESS	PO Box 410601	STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32941	CITY-ST-ZIP	
TITLE	President Technology Div ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Gary Lee	NAME	
STREET ADDRESS	PO Box 410601	STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32941	CITY-ST-ZIP	
TITLE	President Business Develop ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Victor Anderson	NAME	
STREET ADDRESS	PO Box 410601	STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32941	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address with an address, with all other like empowered.

SIGNATURE: **Tony Long** **04/17/05** (Seal) **71660-2283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #