

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000109790



1. Entity Name
TECHNOLOGY ALTERNATIVES CORP.

Principal Place of Business
1950 NE 208 TERR
MIAMI, FL 33179

Mailing Address

1950 NE 208 TERR
MIAMI, FL 33179

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

George Lechter

Street Address (P.O. Box Number is Not Acceptable)

1950 NE 208 Ter

City Miami

FL

Zip Code 33179

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 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	P LECHTER, CANDACE 1950 NE 208 TERR MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LECHTER, GEORGE 1950 NE 208 TERRACE MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05

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

05-02-2005 90390 011 ***150.00

14012598



04212005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0970691 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name George Lechter
Street Address (P.O. Box Number is Not Acceptable)
1950 NE 208 Ter
City Miami
FL Zip Code 33179