2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# S70402

Entity Name: AGENT ALLIANCE CORPORATION

Current Principal Place of Business:

1636 ACME ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

1636 ACME ST
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 59-3081496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLAN, J. LAWRENCE
1829 GADSEN AVE
ORLANDO, FL 32812 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: PD ( ) Delete
Name: MCMILLAN, J. LAWRENCE
Address: 1829 GADSEN AVE
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete
Name: MCMILLAN, LAWRENCE J
Address: 1829 GADSEN AVE.
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete
Name: MCMILLAN, LAWRENCE J
Address: 1829 GADSEN BLVD
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete
Name: MCMILLAN, ALTON W
Address: 5415 KALMIA DR.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: J LAWRENCE MCMILLAN PD 04/22/2004

Electronic Signature of Signing Officer or Director Date