

FILED  
Mar 20, 2003 8:00 am  
Secretary of State

02-12-2003 90059 008 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V05582

1. Entity Name  
ALANNA VENTURES, INC.



Principal Place of Business  
ISLA DEL SOL  
204 P 6287 BAHIA DEL MAR CIRCLE  
ST. PETERSBURG FL 33715  
US

Mailing Address  
9 SURREY PLACE  
ST. JOHN'S NEWFOUNDLAND A1A 4R5  
CA



2. Principal Place of Business

3. Mailing Address  
26 SPRUCE HILL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
CONCEPTION BAY SOUTH

City & State

City & State  
NEWFOUNDLAND

4. FEI Number 59-3099691

Applied For  
Not Applicable

Zip

Country

Zip

Country

AIW 5M5 CANADA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITHS, DR. ALAN K.  
9 SURREY PLACE  
ST. JOHN'S NEW FOUNDLAND  
CANADA FL A1A-557

Name  
GRIFFITHS, DR. ALAN K.  
Street Address (P.O. Box Number is Not Acceptable)  
6287 BAHIA DEL MAR CIR  
UNIT 204  
City  
ST. PETERSBURG, FL Zip Code  
33715

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

*Alan K. Griffiths*

ALAN K. GRIFFITHS

2/8/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GRIFFITHS, ALAN K  
204P 6287 ISLA DEL SOL  
ST PETERSBURG FL 33715 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
GRIFFITHS, ANNE S  
204P 6287 ISLA DEL SOL  
ST PETERSBURG FL 33715 ☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 attachment with an address, with all other like empowered.

SIGNATURE:

*Alan K. Griffiths*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Feb 03

Date

Daytime Phone #

CR2E034 (10/02)